

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

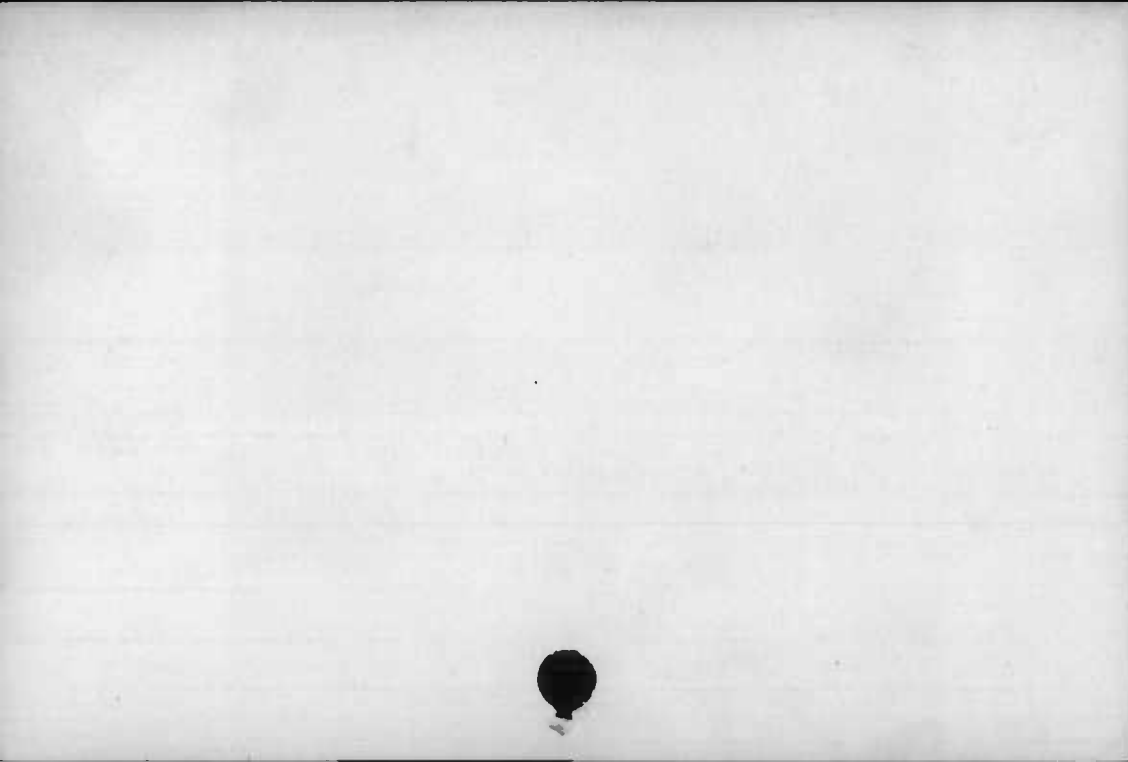
Name in Full <i>Julia A Anderson</i>		Town <i>Forestville</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Forestville</i>		Month <i>3</i>		Day <i>16</i>		Age <i>73</i>	
Date of death <i>1910</i>		Month <i>3</i>		Day <i>16</i>		Years <i>73</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Md.</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>George W Anderson</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>unknown</i>	
Father's Name <i>Vermillion</i>		Mother's Maiden Name <i>unknown</i>		How related to deceased <i>Son.</i>			
Name of person giving Information <i>Robert L Anderson</i>							

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>2 yrs.</i>
Immediate <i>Dropsy &amp; Asthma</i>	How long <i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Gansburg</i>
	Address <i>Forestville</i>
Accident or Suicide? <i>neither.</i>	<i>Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Henry Batson</i>		Town <i>Meadows</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Meadows</i>		Month <i>3</i>		Day <i>20</i>		Years <i>5</i>	
Date of death <i>1910</i>		Month <i>3</i>		Day <i>20</i>		Age <i>5</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>		Months <i>-</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Richard Batson</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Rosa Hawkins</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Charles W Hawkins</i>		How related to deceased <i>uncle</i>					

## CAUSES OF DEATH

107

PHYSICIAN  
OR CORONER

Primary <i>Worms continued fever</i>	How long <i>2 weeks</i>
Immediate <i>asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Gausbury</i>
	Address <i>Lonsville, Md.</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

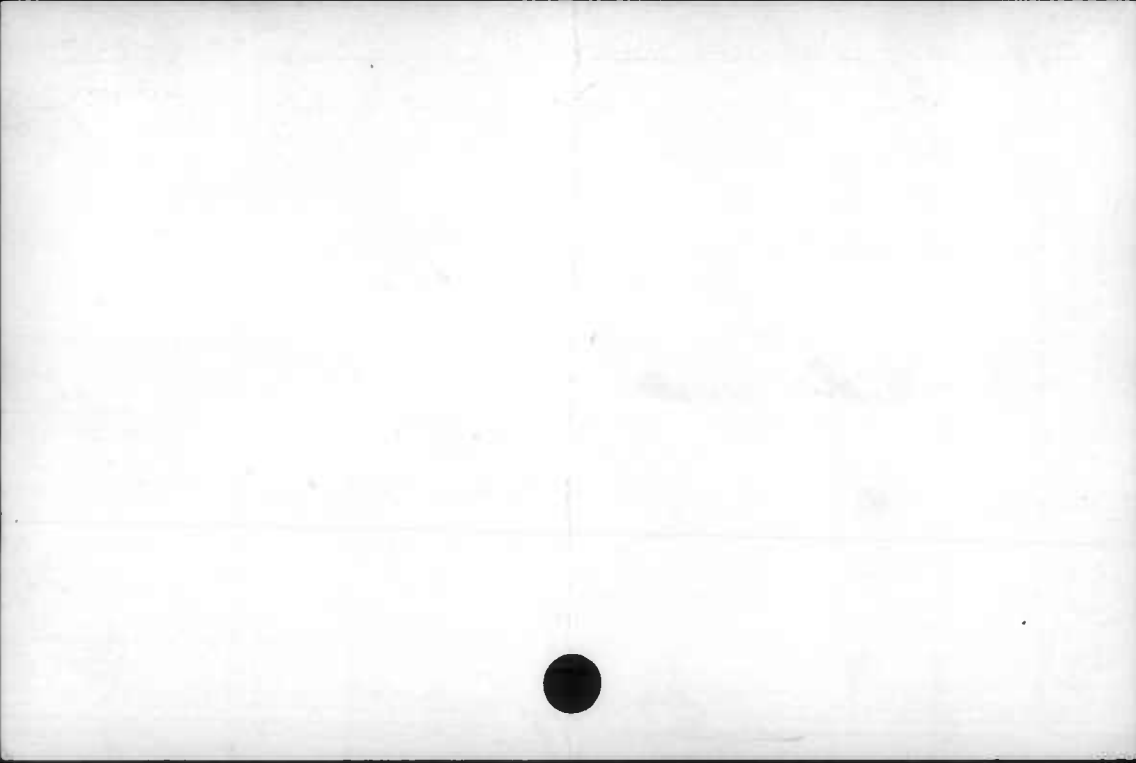
Died at <i>Mitchellville</i> <sup>Town</sup>		<i>Prince George's</i> <sup>County</sup>		MARYLAND	
Date of death <i>1960</i>	<i>March</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>58</i> <sup>Years</sup>	<i>unknown</i> <sup>Months</sup>	<i>Unknown</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Unknown</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, <del>Single</del> <i>married</i> or <del>Widowed</del>		Name of <del>Wife or</del> <i>Husband</i> <i>Moses Brent.</i>			
Fether's Name <i>Thos. Hamilton</i>			Father's Birthplace <i>Unknown</i>		
Mother's Meiden Name <i>Suekey (unknown)</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving Information <i>Clarence Robinson</i>			How related to deceased <i>not related</i>		

## CAUSES OF DEATH

64 ✓

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. F. Re. Dufour</i>
	Address <i>Mitchellville, Md.</i>
Accident or Suicide <i>(This party had no medical attention.)</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Bright* Town *Bladensburg* County *Prince Georges*  
Died at *Bladensburg*  
Date of death *1960 Mar 31* Age *3* Months *3* Days  
Sex *Male* Color or Race *White* Birth-place *Md.*  
Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John W Bright*

Father's Birthplace *D.C.*

Mother's Maiden Name *Viola March*

Mother's Birthplace *D.C.*

Name of person giving Information *John W Bright*

How related to deceased *Father*

CAUSES OF DEATH

*(30)*

PHYSICIAN  
OR CORONER

Primary *Tubercular Meningitis*

How long *3 weeks*

Immediate *Tubercular Meningitis*

How long *3 weeks*

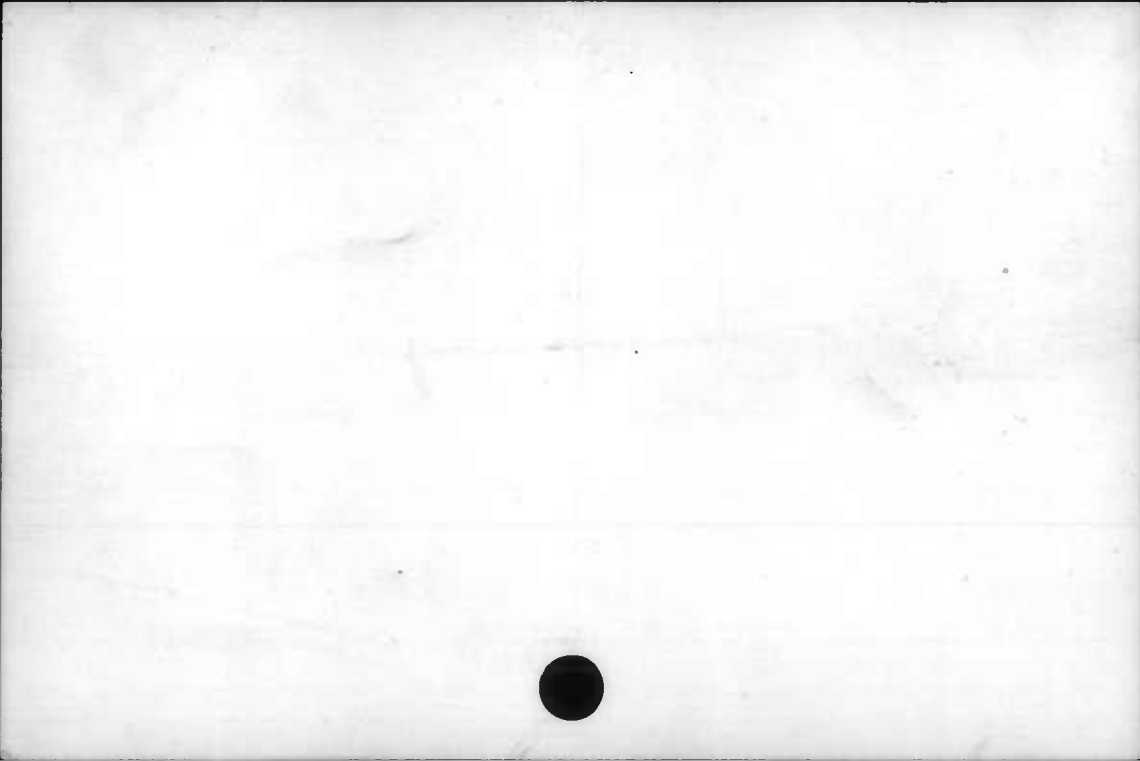
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Shoel Palmer*  
*Hyattsville*  
*Md.*

Accident or Suicide





Name  
in  
Full

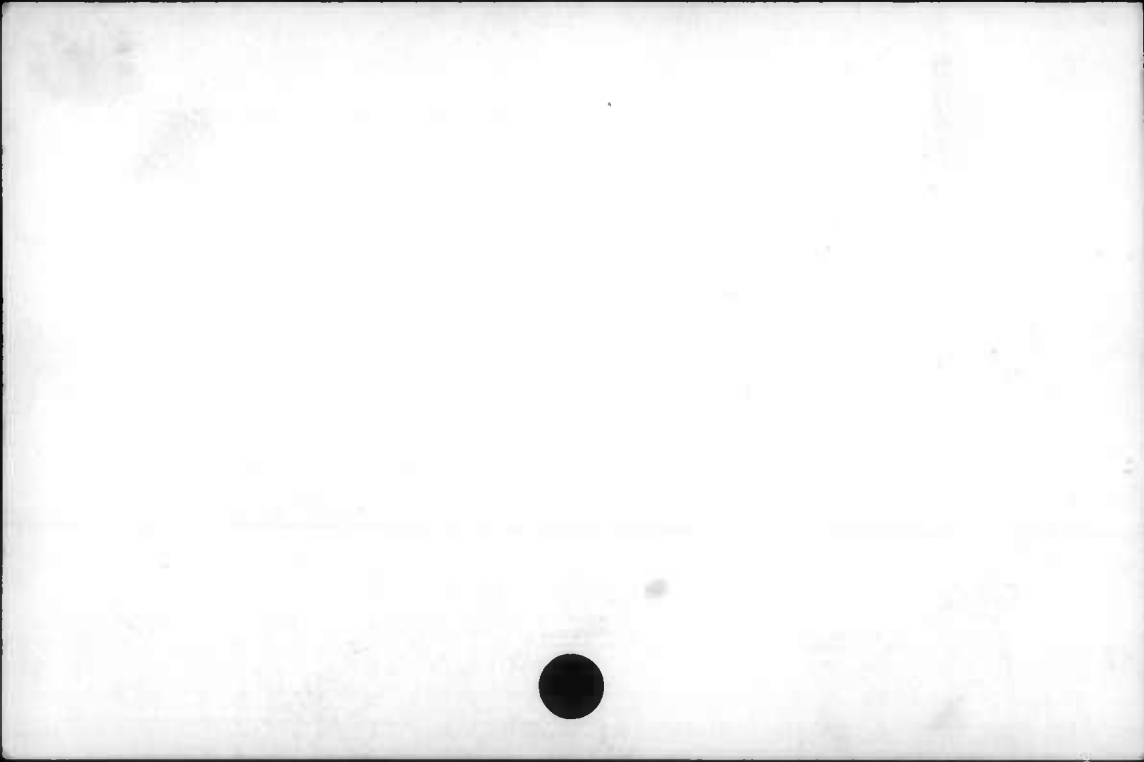
Sarah Ann Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Beltzville* <sup>Town</sup> *Prince Georges* <sup>County</sup> **MARYLAND**Date of death 19*80* <sup>Month</sup> *March* <sup>Day</sup> *30* <sup>Year</sup> *87* <sup>Months</sup> *1* <sup>Days</sup> *1*Sex *Female* Color or Race *White* Birth-place *Ma*Occupation *Lived with daughter* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *Sarah Ann Brown*Father's Name *John Miller* Father's Birthplace *Ma*Mother's Maiden Name *Sarah Mearns* Mother's Birthplace *Ma*Name of person giving Information *Mrs Mullery* How related to deceased *daughter*

## CAUSES OF DEATH

Primary *Fell on the Ice* <sup>How long</sup> *about 3 months*Immediate *General debility + weakness* <sup>How long</sup> *3 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. A. Fox*Address *Beltzville*Accident or Suicide *Ma*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John T. Carter</b>		Town <b>Laurel</b>		County <b>Prince Geo.</b>		State <b>MARYLAND</b>	
Died at <b>Laurel</b>		Month <b>March</b>		Day <b>15</b>		Years <b>75</b>	
Date of death <b>1960</b>		Month <b>March</b>		Day <b>15</b>		Years <b>75</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Maryland</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>Greensboro, Md.</b>					
Married, Single or Widowed <b>widowed</b>		Name of Wife or Husband <b>Mrs. M. C. Carter</b>					
Father's Name <b>Henry Carter</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving Information <b>John T. Carter</b>		How related to deceased <b>Son</b>					

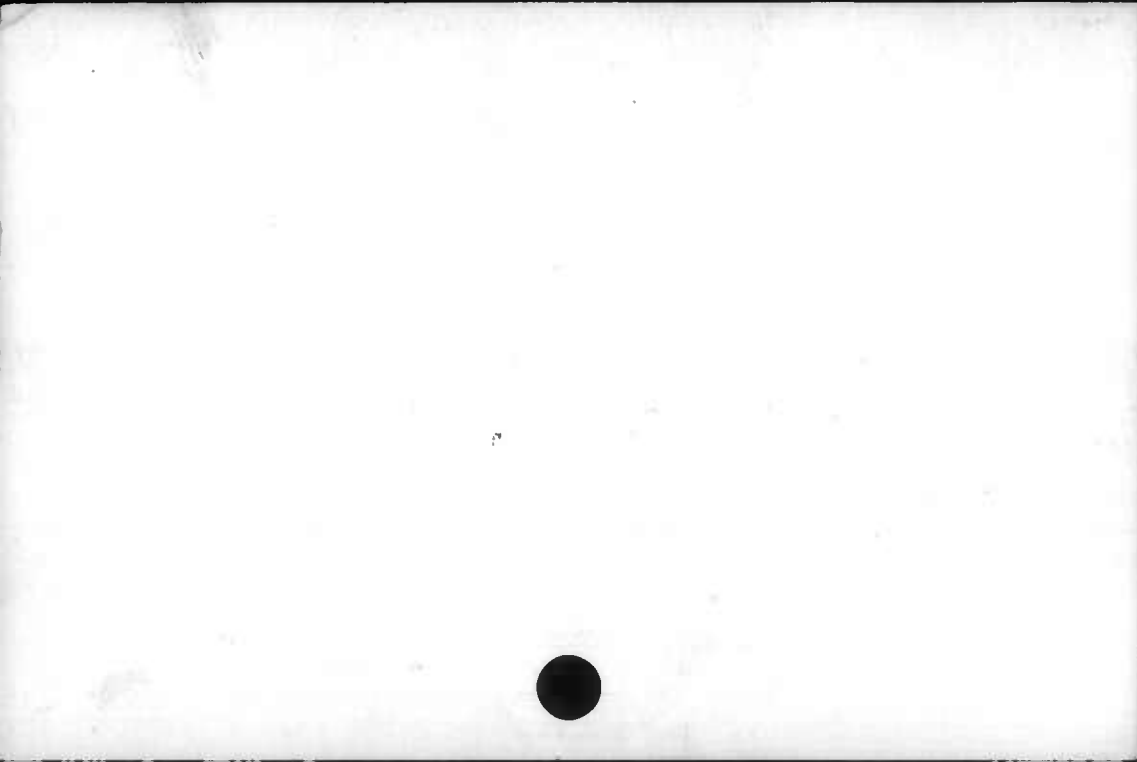
## CAUSES OF DEATH

81

V

PHYSICIAN  
OR CORONER

Primary <b>Arterio Sclerosis</b>	How long <b>Unknown</b>
Immediate <b>Exhaustion &amp; Heart Failure</b>	How long <b>Unknown</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Charles D. White</b>
Address <b>Laurel Md.</b>	
Accident or Suicide <b>No</b>	



Name  
in  
Full

Alexander Carrer

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Forestville <sup>County</sup> Prince George MARYLAND

Date of death 1910 Month 3 Day 28 Age 74 Years 7 Months Days

Sex male Color or Race White Birth-place Va

Occupation Gardener Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Hester Carrer

Father's Name unknown Father's Birthplace Va

Mother's Maiden Name unknown Mother's Birthplace Va

Name of person giving information Ernest Carrer How related to deceased Son

## CAUSES OF DEATH

Primary Concussion of the brain How long 3 days

Immediate Exhaustion How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

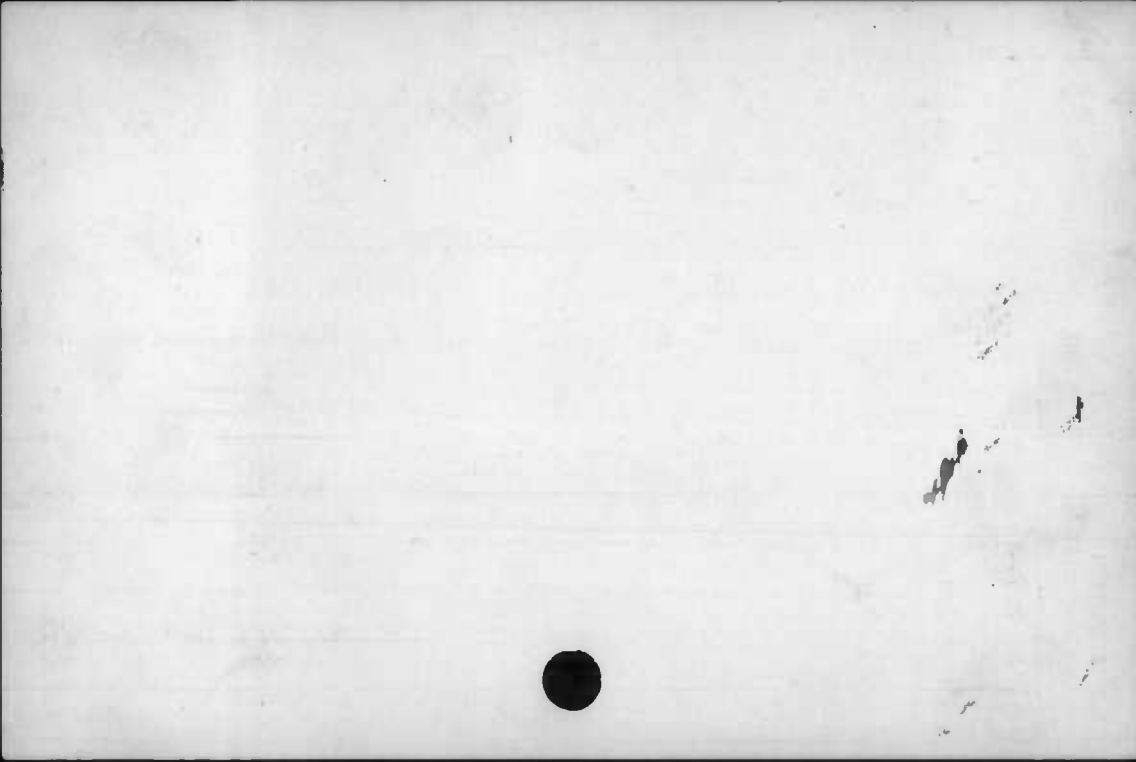
Address

John E. Gansbury  
Forestville  
Md

Accident or Suicide?

accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Beatrice Clark

Town

Upper Marlboro

County

P. G.

MARYLAND

Died at

Date

of death

1900

Month

3

Day

6

Age

Years

13

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

P. G. Co. Ind

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Clark

Father's  
Birthplace

P. G. Co. Ind

Mother's  
Maiden Name

Mary West

Mother's  
Birthplace

P. G. Co. Ind

Name of person giving  
Information

James Clark

How related  
to deceased

Father

## CAUSES OF DEATH

179

Primary

Don't know

How long

—

Immediate

Don't know

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. Ernest Smith

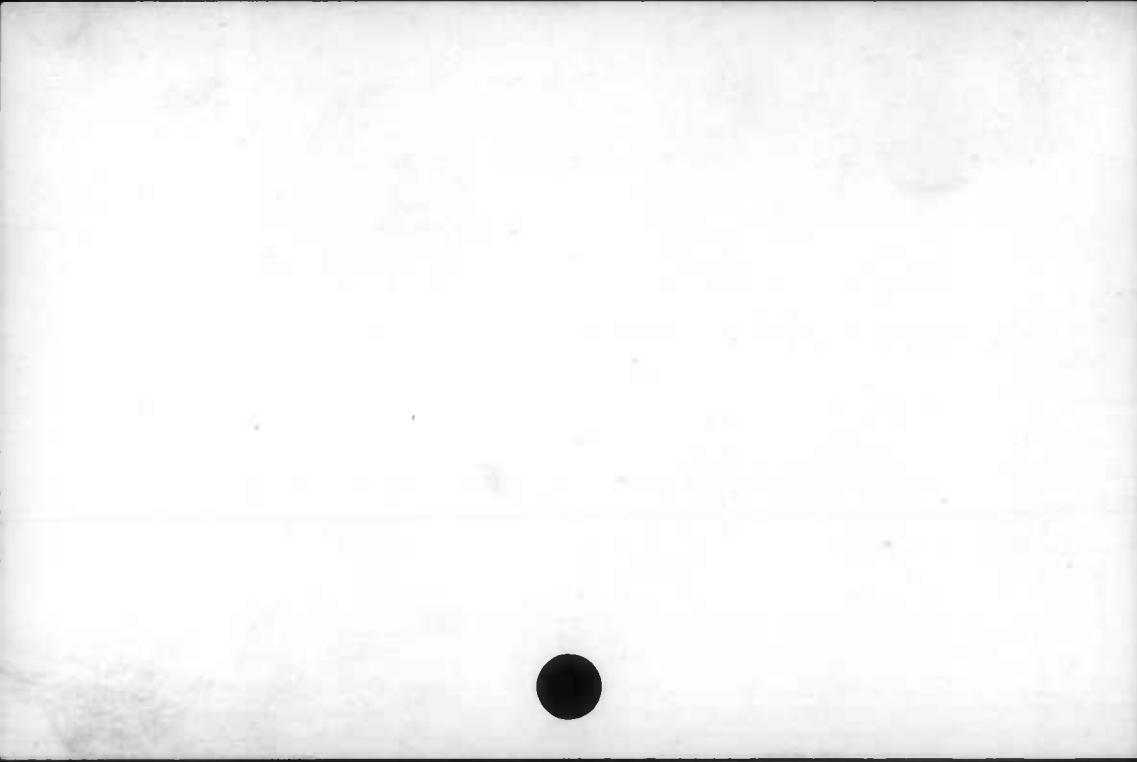
Address

Sub. Registrar

Upper Marlboro Ind

Accident or Suicide

PHYSICIAN  
OR CORONER





Name in Full *Ylmer R. Blendinen.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

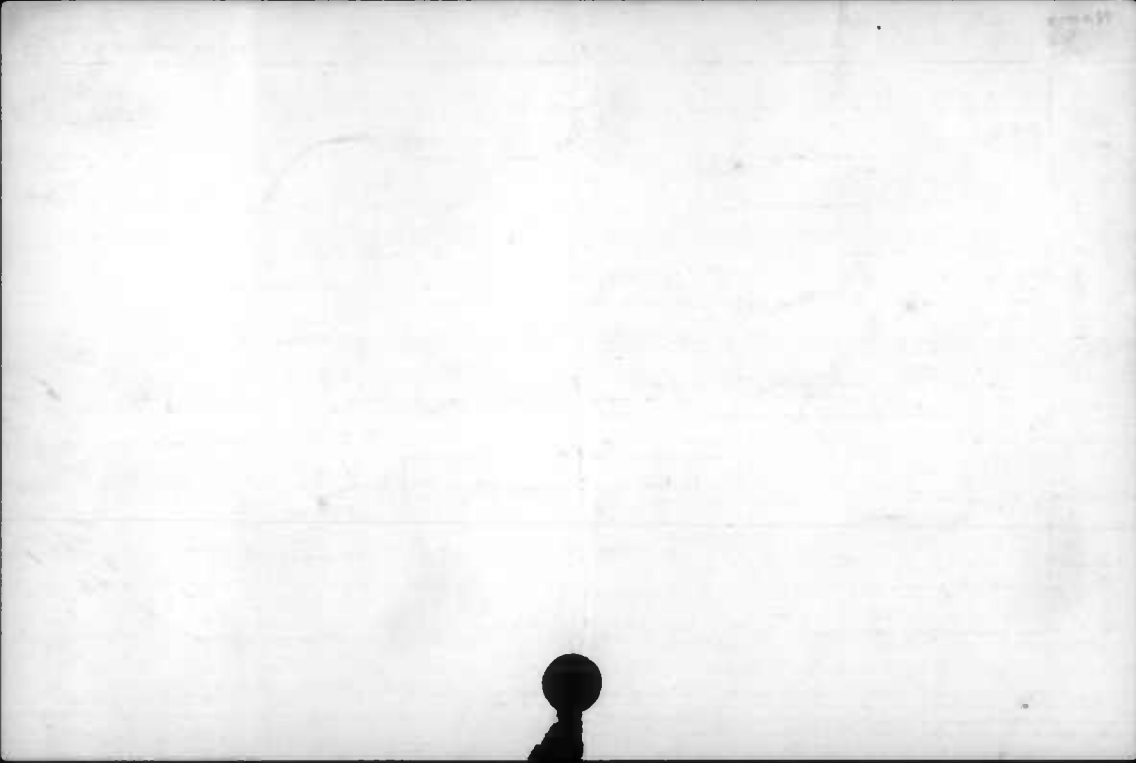
Died at <i>Riverdale</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1980</i>	Month <i>March</i>	Day <i>28<sup>th</sup></i>	Years <i>62</i>	Months <i>00</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Md</i>		
Occupation <i>Lawyer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>May, H. Blendinen</i>				
Father's Name <i>Dr. Alexandra Blendinen</i>	Father's Birthplace <i>S. C.</i>				
Mother's Maiden Name <i>Mrs Marie Belf.</i>	Mother's Birthplace <i>S. C.</i>				
Name of person giving Information <i>May, H. Blendinen.</i>			How related to deceased <i>Wife.</i>		

CAUSES OF DEATH

**78** ✓

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>3 weeks</i>
Immediate <i>''</i>	How long <i>'' ''</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis.</i>
	Address <i>Hyattsville. Md.</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Baltimore

County

P. G.

Date

of death

1900

Month

June

Day

17

Age

Years

5-5-

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

P. G. C. Ind.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

James H. Calbert

Father's  
Name

Moses Bolden

Father's  
Birthplace

P. G. C. Ind.

Mother's  
Maiden Name

Mary Compton

Mother's  
BirthplaceName of person giving  
Information

Moses Calbert

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Grippe Complicated with Lobar Pneumonia

How long

Two weeks

Immediate

Dyspnea

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

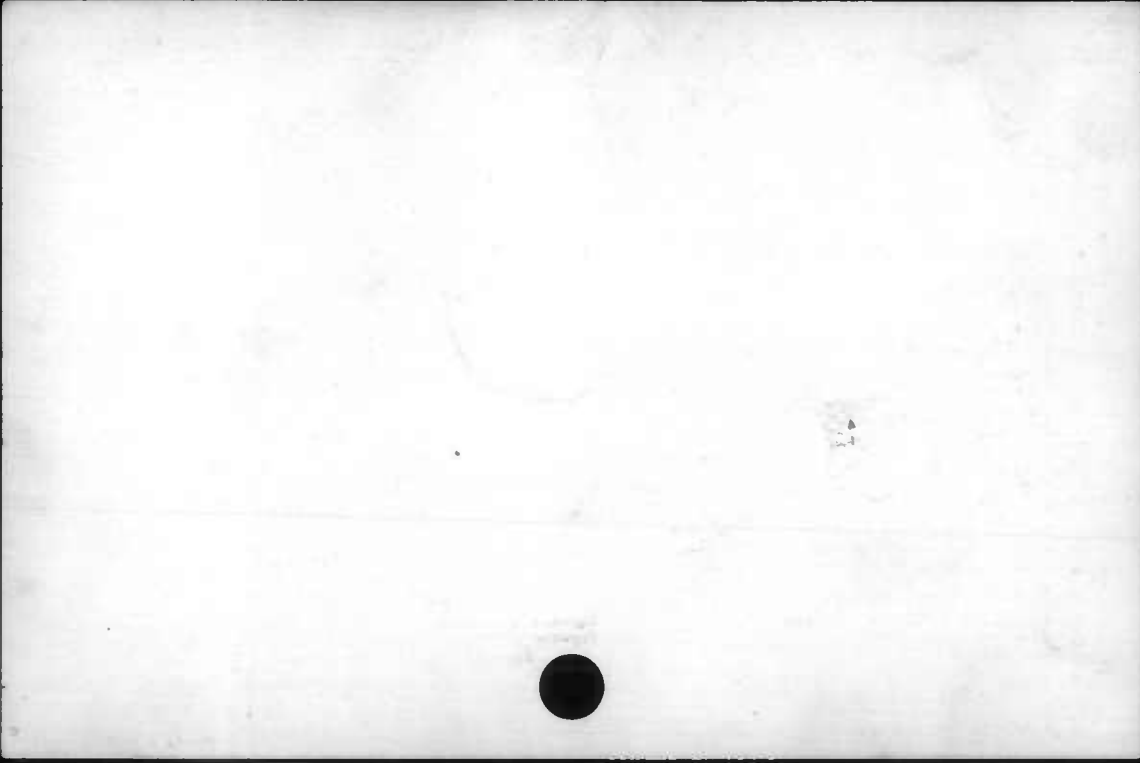
Address

J. M. Durrell M.D.  
Springfield  
Md.

Accident or Suicida

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

*Lula Virginia Cornick*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

*Aquasco*

*R. 2000*

Date

of death

19*40*

Month

*March*

Day

*20*

Age

*36*

Months

*4*

Days

*2*

Sex

*Female*

Color or  
Race

*White-*

Birth-  
place

*Ind*

Occupation

*Housewife*

Where Reading if not  
at place of death

*-*

Married, Single  
or Widowed

*Married*

Name of  
Husband

*R. M. Cornick*

Father's  
Name

*George Hyde*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Elizabeth Cook*

Mother's  
Birthplace

*Ind*

Name of person giving  
Information

*R. M. Cornick*

How related  
to deceased

*Husband*

CAUSES OF DEATH

Primary

*Pneumonia*

How long

*One week*

Immediate

*Edema*

How long

*10 hours.*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

Address

*H. Montan Brown*

*Aquasco*

*Ind*

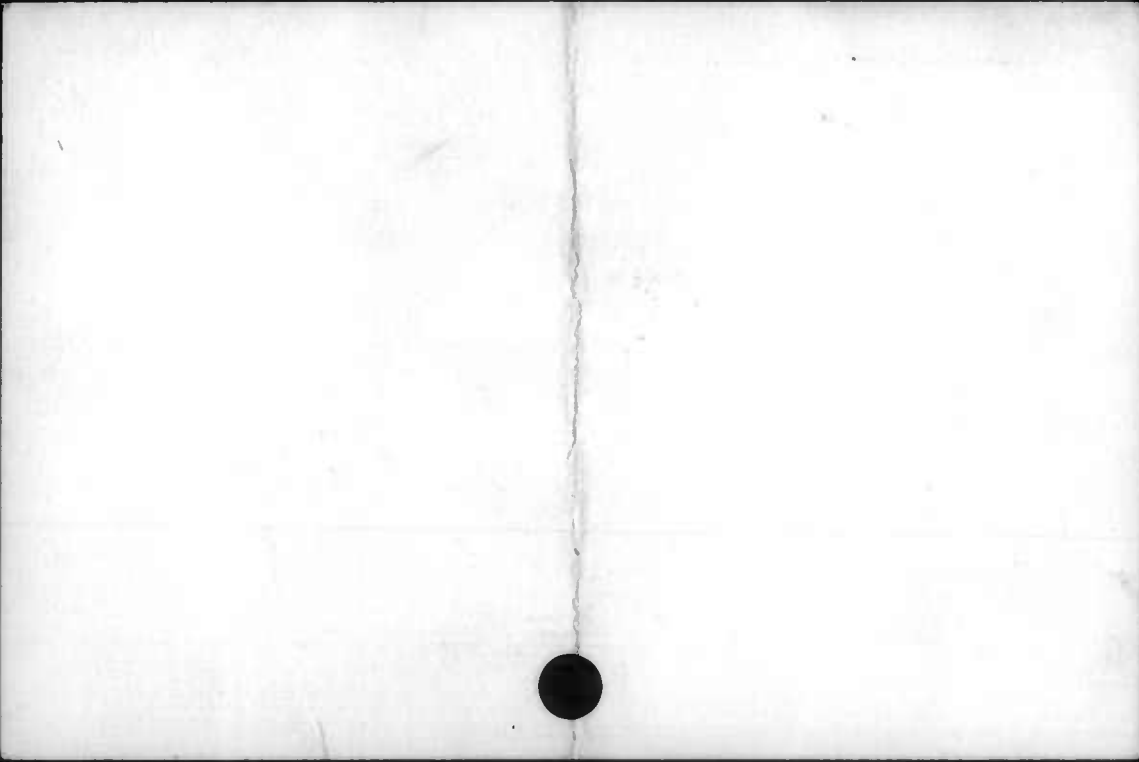
Accident or Suicide

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*H*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

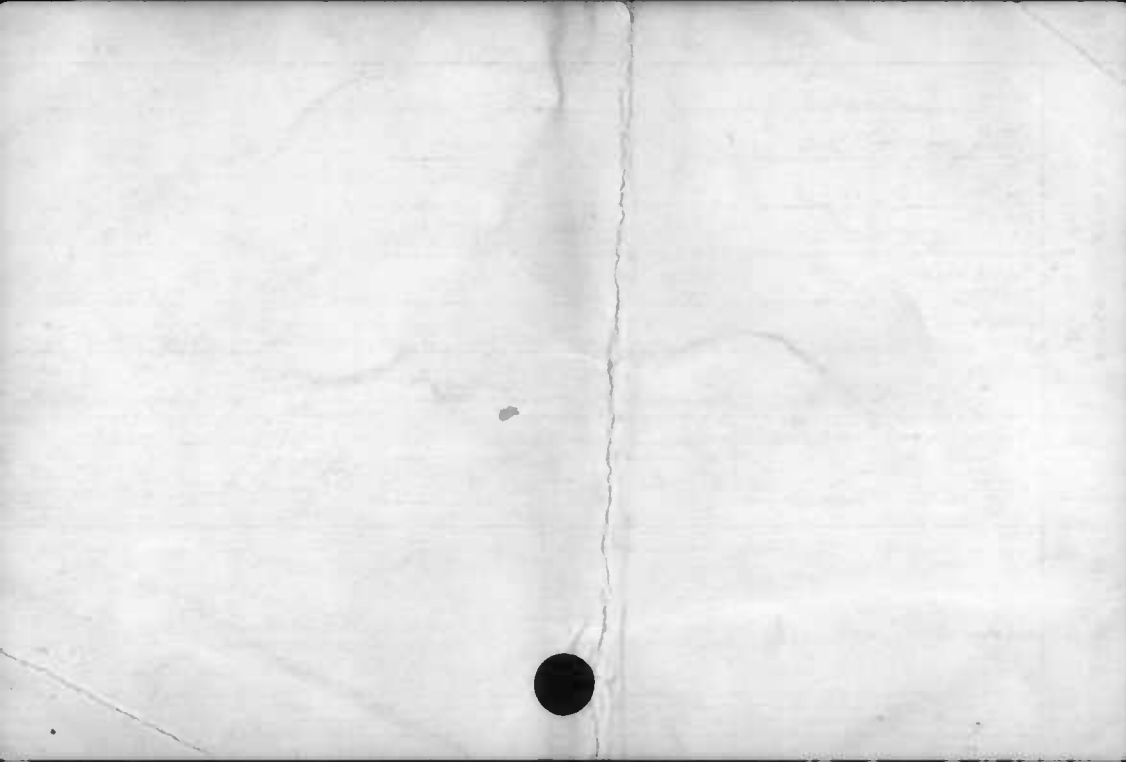
Name in Full <i>Jennett Daley</i>		Town <i>Brentwood</i>		County <i>Prince Geo</i>		MARYLAND	
Died at <i>Brentwood</i>		Month <i>Mar</i>		Day <i>18</i>		Years <i>1</i>	
Date of death <i>1960</i>		Month <i>Mar</i>		Day <i>18</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		Days <i>12</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Daley</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Fannie Stephenson</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Charles Daley</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

10

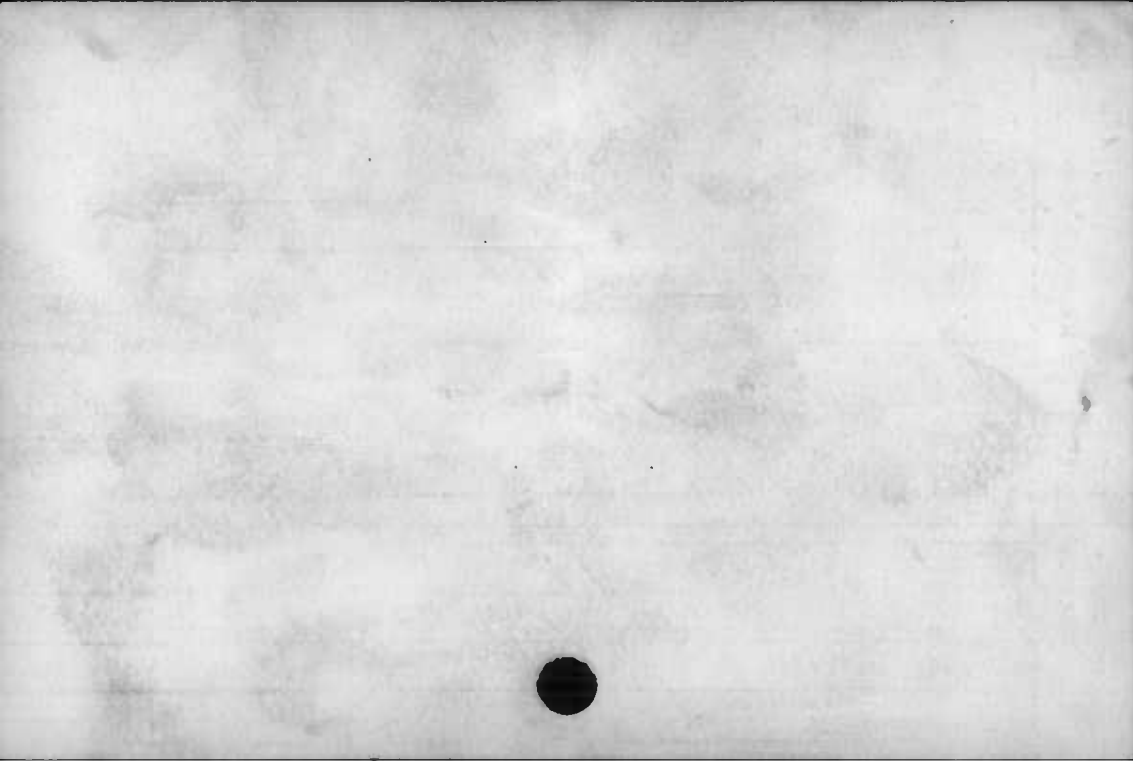
PHYSICIAN  
OR CORONER

Primary <i>Grip</i>		How long <i>2 weeks</i>	
Immediate <i>Gastritis</i>		How long <i>1 week</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>H. G. Willis</i>	
		Address <i>Hyattsville, D.C.</i>	
Accident or Suicide <i>—</i>			





Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Hyattsville Md</i>		County <i>Pr</i>		MARYLAND		
	Date of death		19 <i>01</i>	Month <i>Mar</i>	Day <i>31</i>	Age <i>2</i>	Years <i>2</i>	Months <i>1</i>	Days <i>1</i>
	Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Hyattsville Md</i>				
	Occupation <i>None</i>		Where Residing if not at place of death <i>Hyattsville Md</i>						
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>						
	Father's Name <i>Henry Dent</i>		Father's Birthplace <i>Texas Co Md</i>		(93)				
	Mother's Maiden Name <i>Laura Williams</i>		Mother's Birthplace <i>Pr Yates Md</i>						
Name of person giving information <i>Henry Dent</i>		How related to deceased <i>father</i>							
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		<i>Pneumonia</i>				How long <i>1 week</i>		
	Immediate		<i>CC</i>				How long <i>1</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>H. J. Willis</i>				
	Accident or Suicide?		<i>SW</i>		Address <i>Hyattsville Md.</i>				



Name  
in  
Full

Lawrence P. Duckett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 213. Town Pr Geo County MARYLAND

Date of death 1940 Month 3 Day 11 Age 9 Years 9 Months 9 Days

Sex male Color or Race colored Birth-place md.

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Ernest Duckett Father's Birthplace md.

Mother's Maiden Name Frances Pinkney Mother's Birthplace md.

Name of person giving Information Ernest duckett How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Spinal Meningitis How long one week

Immediate Exhaustion How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John A. Coe

Address 213. md

Accident or Suicide ☒



Name  
in  
Full

CERTIFICATE OF DEATH

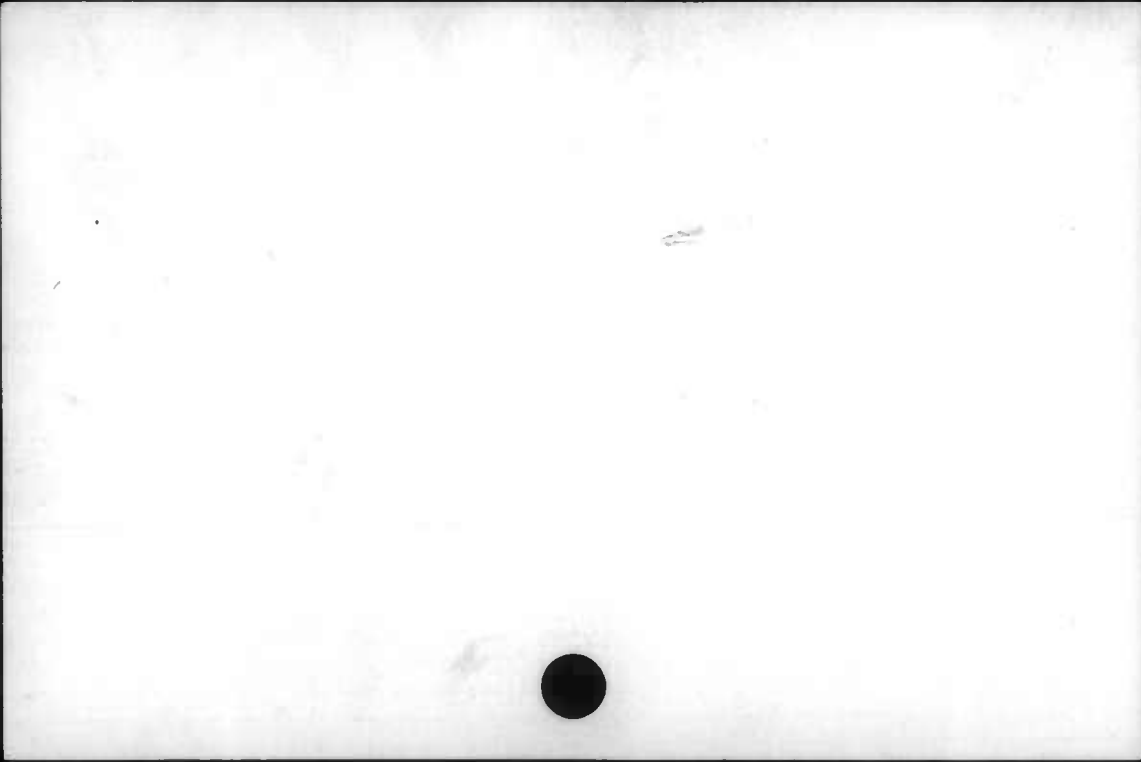
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>P. Geo</i>		State <b>MARYLAND</b>	
Date of death		Month <i>mch</i>	Day <i>31</i>	Age —		Years —	Months —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place —			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <i>John Curtis Fitcher</i>		Father's Birthplace <i>N C</i>					
Mother's Maiden Name <i>Ausey Ziegler</i>		Mother's Birthplace <i>mch</i>					
Name of person giving information <i>John Fitcher</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

Primary	<i>Still Birth</i>	<input checked="" type="radio"/> <i>8</i>	How long —
Immediate	—	<input type="radio"/>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Fitcher</i>	
		Address <i>Laurel</i>	
Accident or Suicide		<i>mch</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John W. Fowler* Town *Oxon Hill* County *Pr Geo*  
Died at *Oxon Hill* Pr Geo  
Date of death 19*40* Month *3* Day *25* Age *39* Months *-* Days *-*  
Sex *Male* Color or Race *White* Birth-place *Md.*  
Occupation *Farmer* Where Residing if not at place of death *-*  
Married, ~~Single~~ *Widowed* Name of Wife or Husband *Mary E. Fowler*  
Father's Name *John W. Fowler* Father's Birthplace *Md.*  
Mother's Maiden Name *Mary E. Taylor* Mother's Birthplace *"*  
Name of person giving Information *Mary E. Fowler* How related to deceased *wife*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *3 yrs +*  
Immediate *Exhaustion* How long *Gradual*  
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of  
Physician

Address

*E. P. Simpson MD*  
*Long Heights*  
*B D NO 5*

Accident or Suicide

PHYSICIAN  
OR CORNER





Name  
in  
Full

Mary Magaline Franklin.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Riversdale</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death	1900	Month <i>March</i>	Day <i>16</i>	Age <i>11</i>	Years	Months <i>11</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Bellsville. Md.</i>				
Occupation <i>child</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Philip Franklin</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Adeline Hall Franklin</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Philip Franklin</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis (General)</i>	How long <i>since birth.</i>
Immediate <i>Exhaustion. (starvation)</i>	How long <i>See note on other side.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert B. Johnson M.D.</i>
	Address <i>Hyattsville. Md.</i>
Accident or Suicide?	

This case was in my hands in July 1909  
and by me ordered to Hospital for treatment.  
she was taken to Freedmans Hospital  
Washington D.C. returned home March 15<sup>th</sup>  
1910 and died the next day. Mar 16<sup>th</sup> etc.

R. B. J

Name  
In  
Full

Thomas B Gibbons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Nottingham <sup>County</sup> Pr Go **MARYLAND**Date of death 1900 <sup>Month</sup> March <sup>Day</sup> 22 Age <sup>Years</sup> 51 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place Md.

Occupation Farming Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name Daniel Gibbons Father's Birthplace Md

Mother's Maiden Name Mary Ann Watson Mother's Birthplace Md.

Name of person giving Information Mrs Sallie Greer How related to deceased Sister.

## CAUSES OF DEATH

27 ✓

Primary Tuberculosis How long 1 year

Immediate As Thence How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician E. H. Gibbons

Address 6 room Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Alfred Gray.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

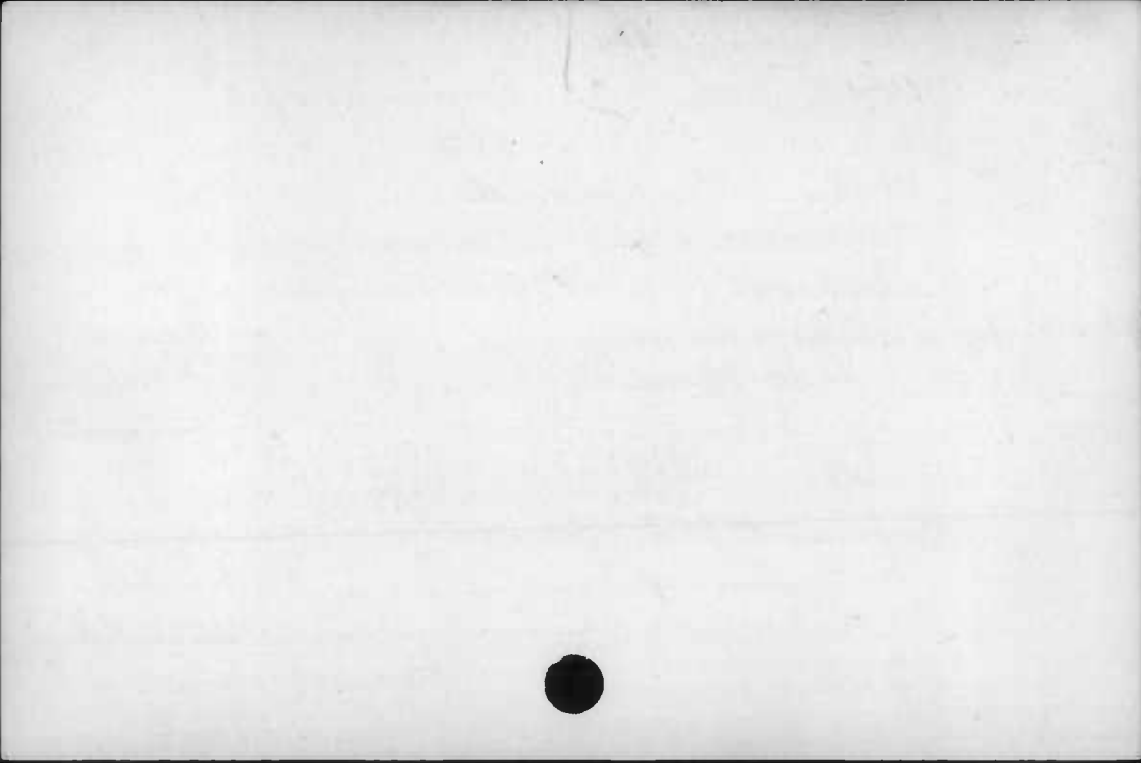
Died at <i>Piney Beth.</i> <sup>Town</sup>		County <i>Prince Georges</i>		MARYLAND	
Date of death	<i>1940</i>	Month <i>3</i>	Day <i>28</i>	Age <i>Years</i>	Months <i>4</i> Days <i>hours</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>William J. Gray.</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Maggie E. Hawkins.</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>William J. Gray.</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Congenital Debility,</i> <i>a sick from birth, took no nourishment,</i>	How long <i>4 hours</i>
Immediate <i>Cough, followed by Exhaustion,</i>	How long <i>1 hour.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of <i>Acting Coroner, William H. Squires</i> Address <i>Brandywine, Md.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Hearper</i>		Town <i>Piney Pith</i>		County <i>Prince Georges</i>		MARYLAND	
Died at <i>Piney Pith</i>		Month <i>3</i>		Day <i>22<sup>nd</sup></i>		Years <i>105</i>	
Date of death <i>1900</i>		Month <i>3</i>		Day <i>22<sup>nd</sup></i>		Age <i>105</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Nellie Hearper</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>John R. Johnson</i>		How related to deceased <i>friend</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Confined to bed, Senility.</i>	How long <i>nearly one year</i>
Immediate	<i>Exhaustion.</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician acting Coroner <i>William H. Squire</i>
		Address <i>Brandywine, Md</i>
Accident or Suicide?		





Name in Full		Annie Irene Hawkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Meadows		<sup>County</sup> Prince George		MARYLAND	
		Date of death 19 10		Month 3		Day 1	
		Age 2		Years 2		Months 10	
		Sex Female		Color or Race Black		Birth-place Md.	
		Occupation none		Where Residing if not at place of death			
		Married, Single or Widowed Single		Name of Wife or Husband			
		Father's Name John Hawkins		Father's Birthplace Md.			
Mother's Maiden Name Rosie Emma Fleet		Mother's Birthplace Md.					
Name of person giving Information Charles W. Hawkins		How related to deceased Brother					
		CAUSES OF DEATH		(10)			
PHYSICIAN OR CORONER		Primary Cold & Grippe		How long 10 days			
		Immediate Bowel obstruction		How long 3 days			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician White Sansbury			
				Address Consville Md.			
Accident or Suicide? neither							



Name  
in  
Full

CERTIFICATE OF DEATH

Thos. J. Henry

Town

County

MARYLAND

Died at Glendale

Date

of death

1900

Month

March

Day

9

Age

Years

—

Months

6

Days

—

Sex

Male

Color or  
Race

Black

Birth-  
place

Glendale

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

John Henry

Father's  
Birthplace

P. O. Co. Md.

Mother's  
Maiden Name

Ida F. H. Tchen

Mother's  
Birthplace

P. O. Co. Md.

Name of person giving  
Information

John Henry

How related  
to deceased

Farther

CAUSES OF DEATH

Primary

Cerebral Hemiparesis

How long

One day

Immediate

Dyspnea

How long

Several hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

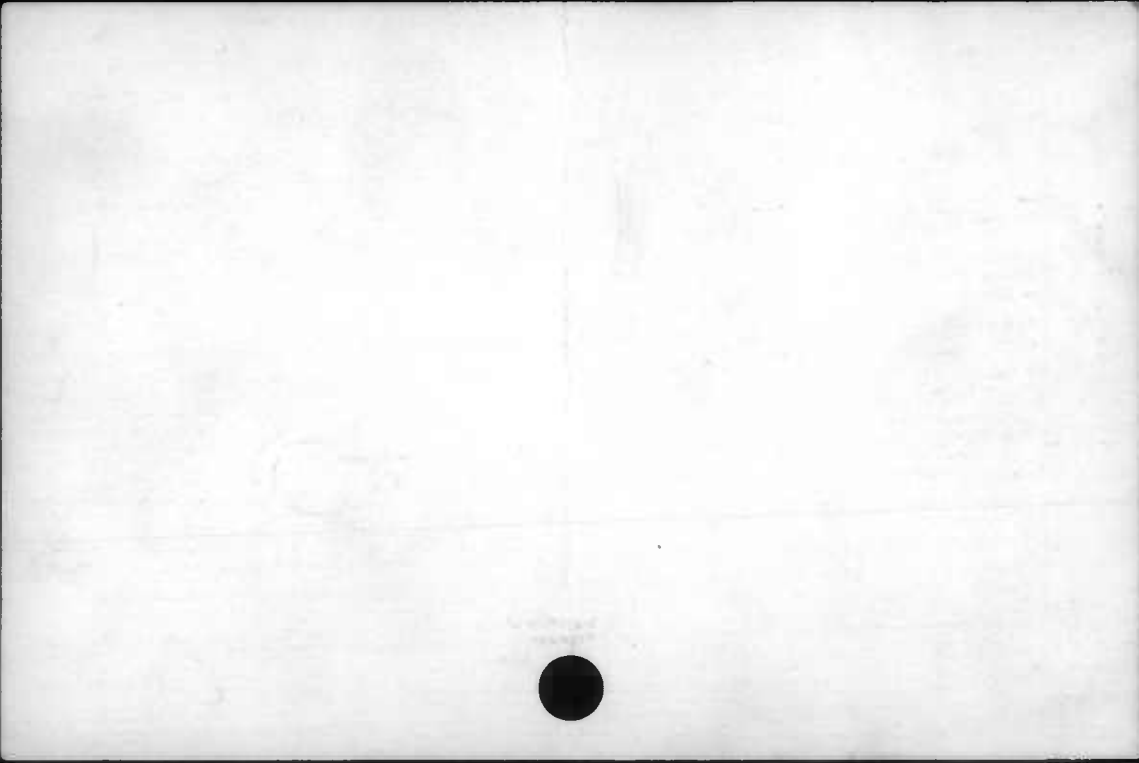
Address

J. M. Dunsell M.D.  
Birmingham, Ala.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry Henson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Craane Sta <sup>Town</sup> Pr Geo <sup>County</sup>

**MARYLAND**

Date of death 1960 <sup>Month</sup> March <sup>Day</sup> 18 Age 50 <sup>Years</sup> Months Days

Sex Male Color or Race Colored Birth-place Md

Occupation Farming Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Mary Henson

Father's Name Thomas Henson Father's Birthplace Md

Mother's Maiden Name Lucricia Blacklock Mother's Birthplace Md

Name of person giving Information John Henson How related to deceased Son

## CAUSES OF DEATH

Primary Typhoid fever How long 10 days

Immediate Hemorrhage How long 2 days

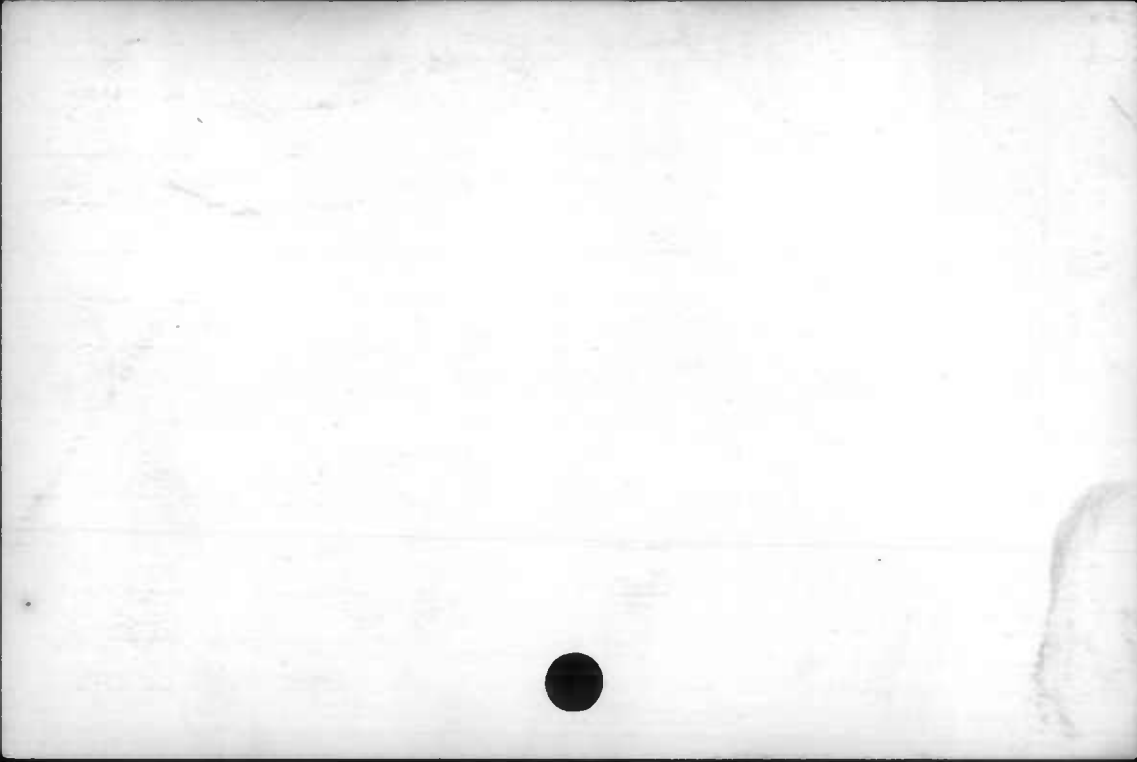
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Whack

Address Craane md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Nelson Henson

## CERTIFICATE OF DEATH

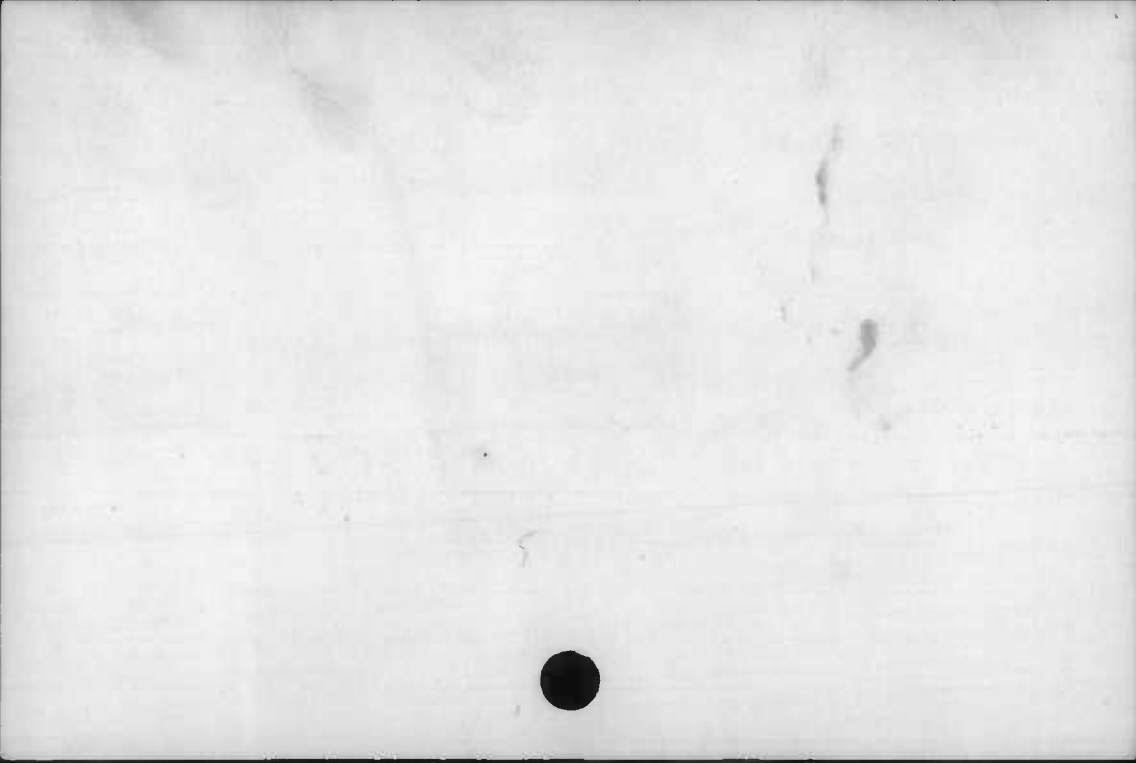
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Croom</i> Town		<i>R 9th</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>March</i>	Day <i>23</i>	Age <i>4</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Richard Henson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ida Henson</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Ida Henson</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>As theina</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Croom md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crofton</i>		Town <i>Pr Geo</i>		County		MARYLAND	
Date of death <i>1910</i>	Month <i>Mar</i>	Day <i>25</i>	Age <i>11</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Md</i>				
Occupation <i>School boy</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Johnson</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Hall</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Ida Johnson</i>			How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	<i>1</i> How long	<i>2 months</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
		Address <i>Crofton Md</i>	
Accident or Suicide?			



Name  
in  
Full

Jeremiah Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Randletown</i>		Town		<i>Prince George</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>March</i>		Day <i>5</i>		Years <i>32</i>		Months <i>10</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth place <i>Annamdale Co Md.</i>					
Occupation <i>Tramster</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ida S. Johnson</i>							
Father's Name <i>Otho Johnson</i>						Father's Birthplace			
Mother's Maiden Name <i>Bettie Fowler</i>						Mother's Birthplace			
Name of person giving Information <i>Otho Johnson</i>						How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>Sudden</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. C. Ohlendorf M.D.*  
*Brentwood. Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Rachel Johnson*

Died at *Seat Pleasant* Town *Prince George* County *MARYLAND*

Date of death 19*40* Month *March* Day *4* Age *90* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *md.*

Occupation *Midwife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *None Johnson*

Father's Name *Not known & unobtainable* Father's Birthplace *md.*

Mother's Maiden Name *Not known* Mother's Birthplace *md.*

Name of person giving Information *Henry J. Allen* How related to deceased *Grandson*

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary *Paralysis* How long *1 week*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Jones*

Address *Deerwood Heights Md*

Accident or Suicide ☐

Benning

John Stewart

Name  
in  
Full

## CERTIFICATE OF DEATH

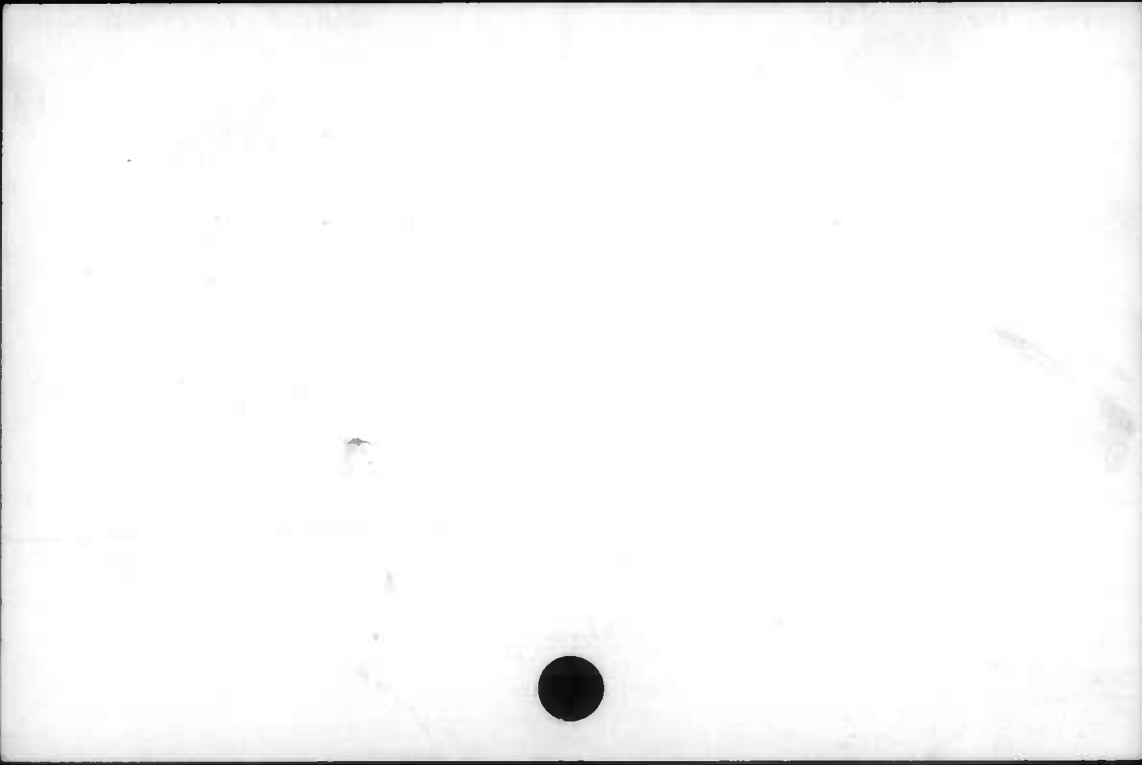
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia Johnson Jones</i>		Town <i>Murkirk</i>		County <i>Pr Geo.</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>21</i>		Years <i>45</i>	
Date of death <i>1940</i>		Age <i>45</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Pr Geo. Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Murkirk</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James Jones</i>					
Father's Name <i>Bowser Johnson</i>		Father's Birthplace <i>Mont. Co.</i>					
Mother's Maiden Name <i>Annie Johnson</i>		Mother's Birthplace <i>Pr Geo. Co.</i>					
Name of person giving Information <i>Louis A Jones</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>14 Years</i>
Immediate <i>General Debility</i>	How long <i>2 months</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Smith</i>
	Address <i>Laurel</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER





Name  
in  
Full~~Brentwood~~ Mrs. Martha V. Keenan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> *Brentwood* <sup>County</sup> *Prince Georges* **MARYLAND**

Date of death 19*60* <sup>Month</sup> *March* <sup>Day</sup> *29* <sup>Years</sup> *78* <sup>Months</sup> *7* <sup>Days</sup> *8*

Sex *female* Color or Race *white* Birth-place *Virginia*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of ~~Wife~~ or Husband *John F. Keenan Sr.*

Father's Name *David S. Jones*

Father's Birthplace *Wales*

Mother's Maiden Name *Harriet Yost*

Mother's Birthplace *Penn*

Name of person giving Information *John F. Keenan M.D.*

How related to deceased *Her son*

## CAUSES OF DEATH

154 ✓

Primary *Morbus senectus*

How long

Immediate *Senile exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

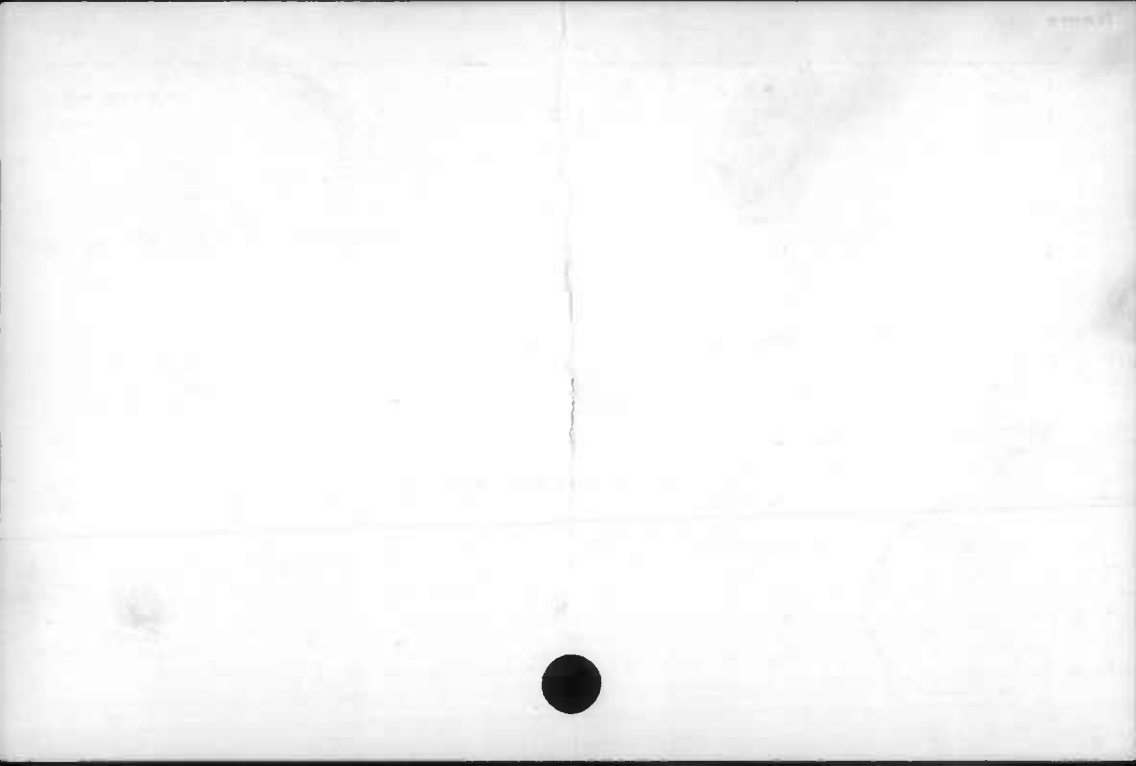
*Yes*

Signature of Physician

Address

*John F. Keenan M.D.*  
*Brentwood*  
*Md.*

Accident or Suicide



Name  
in  
Full

Chris Leonard

## CERTIFICATE OF DEATH

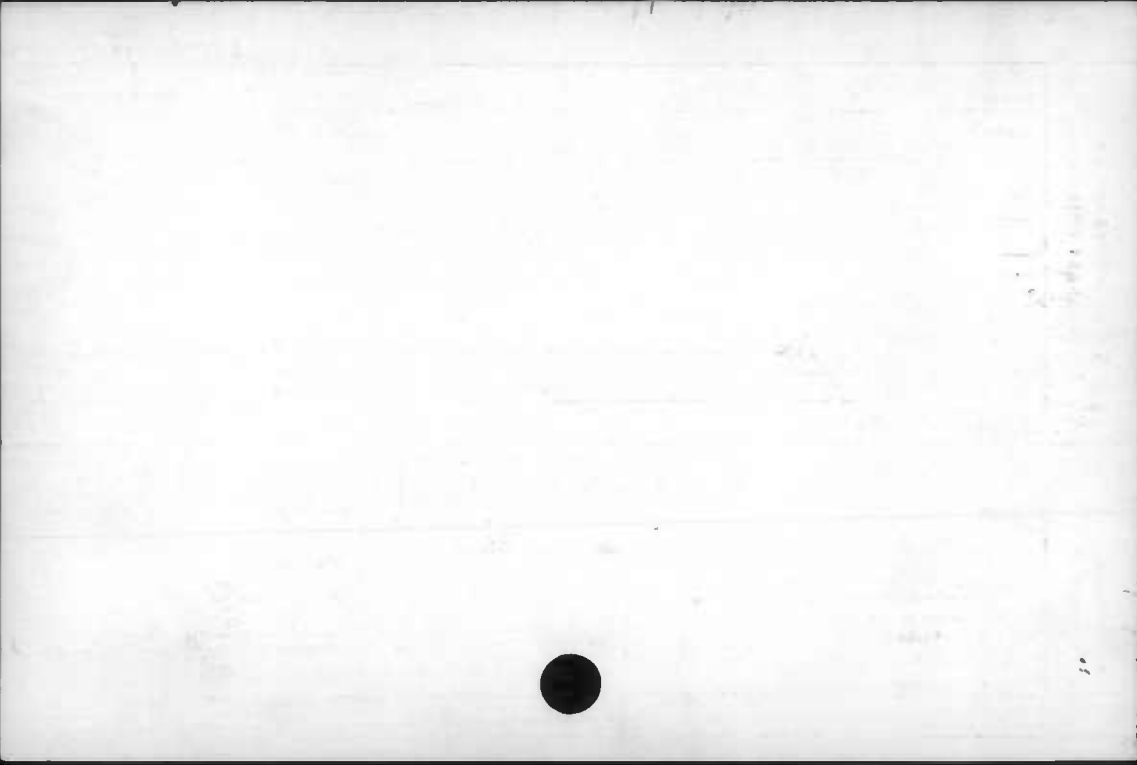
TO BE ANSWERED BY  
NEAREST FRIEND

Removal from <sup>Town</sup> Jacobs Farm		County <sup>Prince Georges</sup>		MARYLAND	
<del>Place</del> <sup>Business ground</sup>					
Date of death	1900	Month	March	Day	16
Age	17	Years		Months	7
Sex	male	Color or Race	white	Birthplace	Germany
Occupation	Laborer	Where Residing if not at place of death <i>New Baltimore Md</i>			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	"			Mother's Birthplace	"
Name of person giving Information	Martin Fladung			How related to deceased	none

## CAUSES OF DEATH

Primary	Crushed by fallen tree	How long	(172)
Immediate	Permit issued for the re-	How long	
Are the name, age, sex, color, date and place correctly given above?	Approval of Physician	Address <i>one connecting to au-</i>	
		other <i>Nelson A. Ryan Esq.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Bahmet-Locker*  
Town *Pr. Geo.* County  
Died at *Pr. Geo.* MARYLAND  
Date of death 19*40* Month *3* Day *12* Age *65* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Md.*  
Occupation *Famer* Where Residing if not at place of death  
Married, Single or Widowed ☒ Married Name of Wife or Husband  
Father's Name *Henry Locker* Father's Birthplace *Md.*  
Mother's Maiden Name *Rachel Bryan* Mother's Birthplace  
Name of person giving Information *Wm Taylor* How related to deceased *Undertaker*

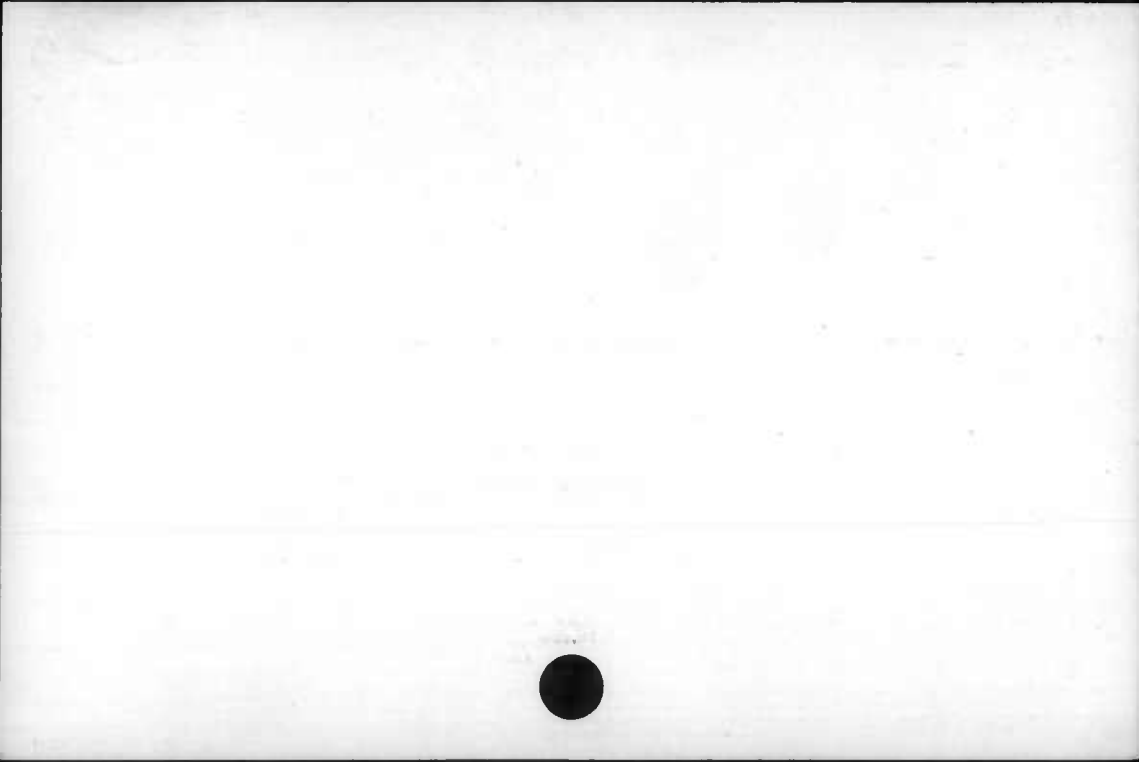
## CAUSES OF DEATH

Primary *Bright's Disease*  
Immediate *Cardiac weakness*  
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *E. J. Simpson*  
Address *Leontg. Hgtr*

PHYSICIAN  
OR CORONER

Accident or Suicide

R F D NO 5



Name  
in  
Full

CERTIFICATE OF DEATH

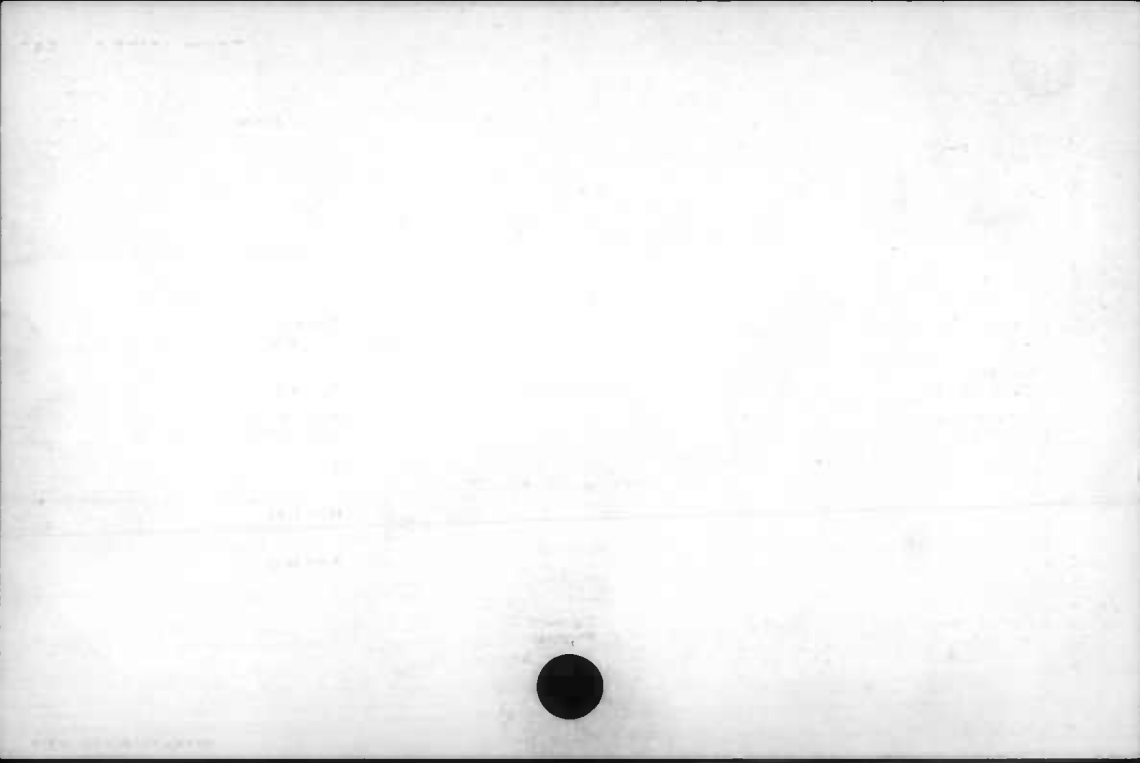
TO BE ANSWERED BY  
NEAREST FRIEND

*Charles Martiny Mangum*  
Died at *Maryland Park - Prince George* <sup>Town</sup> <sup>County</sup> **MARYLAND**  
Date of death *1980* <sup>Month</sup> *Apr* <sup>Day</sup> *20* <sup>Years</sup> *—* <sup>Months</sup> *9* <sup>Days</sup> *—*  
Sex *male* Color or Race *white* Birth-place *Md.*  
Occupation *infant* Where Residing if not at place of death *—*  
Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Charles Martiny Mangum* Father's Birthplace *Dash. W.C.*  
Mother's Maiden Name *Olivia May Hill* Mother's Birthplace *Ohio*  
Name of person giving Information *C. M. Mangum* How related to deceased *Father*

CAUSES OF DEATH

Primary *pneumonia* 99 <sup>How long</sup> *3 weeks*  
Immediate *asthenia* <sup>How long</sup> *12 hours*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *J M Brady*  
Address *Kenilworth, W.C.*  
Accident or Suicide *—*

PHYSICIAN  
OR CORONER





Name  
in  
Full

Margaret Haines Middleton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Hyattsville, Town Prince Georges County MARYLAND

Date of death 1910 Month March Day 18 Age 70 Years 3 Months — Days —

Sex Female Color or Race White Birth-place Louisville, Ky.

Occupation — Where Residing if not at place of death —

Merriad, Single or Widowed Widow Name of Wife or Husband Colonel Johnson VanDyke Middleton

Father's Name William Mills Thompson Father's Birthplace Virginia

Mother's Maiden Name Mary Josephine Barter Mother's Birthplace Baltimore, Md

Name of person giving Information William M. Thompson How related to deceased Brother

## CAUSES OF DEATH

Primary Paralysis How long 9 months

Immediate " How long " "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. T. Willis.  
Hyattsville.  
Md

Accident or Suicide

PHYSICIAN  
OR CORONERH



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Susanna Elizabeth Ellen Morris* Town *Largo* County *D. C.* State *MARYLAND*

Died at *Largo*

Date of death *1910* Month *March* Day *18* Age *78* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *George W. Brady* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old age.* *(154)* ✓ How long *1 wk.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

Address

*John E. Sausbury*  
*Forestville*

Accident or Suicide?

*neither.**Md.*

E. Gash

Brick Church

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**James Dickens** Town **Fairmont Hgts** County **Prince George** **MARYLAND**

Died at **Fairmont Hgts** **Prince George**

Date of death 19**0** Month **March** Day **20** Age **70** Years Months Days

Sex **Male** Color or Race **Colored** Birth-place **Va.**

Occupation **Coachman** Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed **Widowed** Name of Wife or Husband **Jennie Dickens**

Father's Name **Unknown** Father's Birthplace **Unknown**

Mother's Maiden Name **Unknown** Mother's Birthplace **Unknown**

Name of person giving Information **Robert J. Pollard** How related to deceased **Son in law**

## CAUSES OF DEATH

Primary **Locomotor Ataxia** How long **8 years**

Immediate **Paralysis** How long **4 or 14 days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **W. W. Jones M.D.** Address **Seaboard Heights**

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORNER

Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side. The text is too light to transcribe accurately.



Name  
in  
Full

Emily Gertrude Reintzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

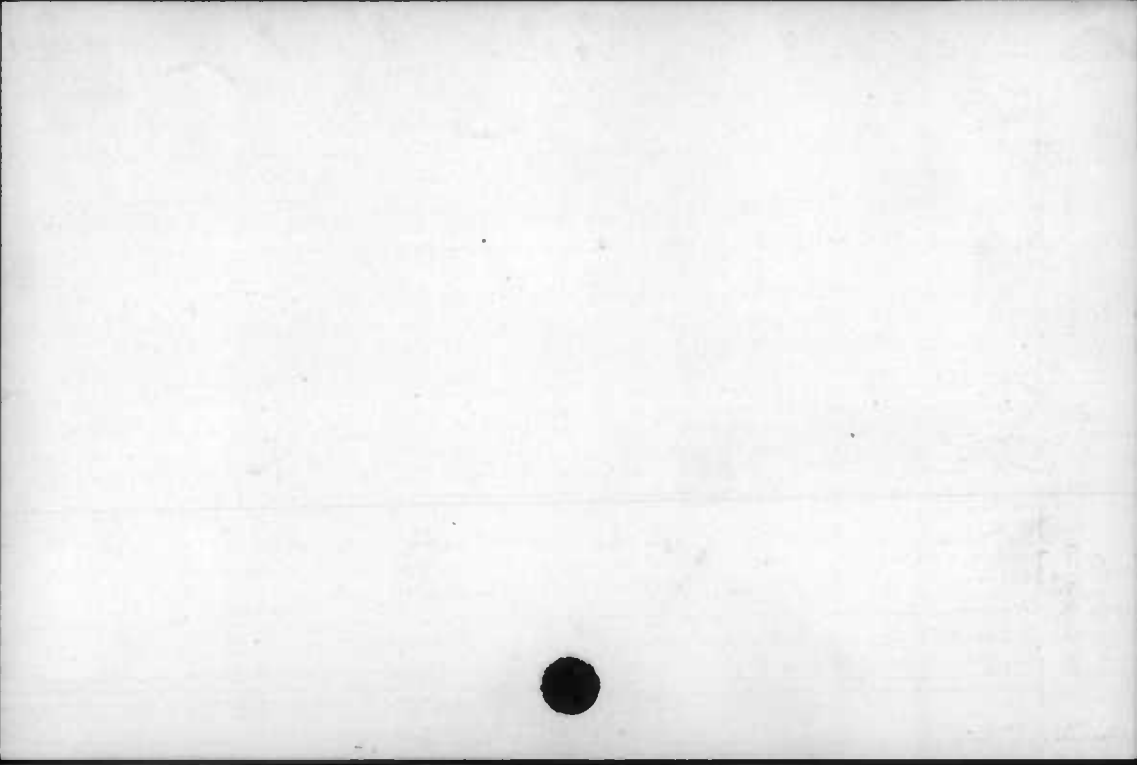
Died at <u>Brethwood</u> <sup>Town</sup> <u>Prince George's</u> <sup>County</sup> <u>MARYLAND</u>	
Date of death 19 <u>20</u> <u>March</u> <sup>Month</sup> <u>25<sup>th</sup></u> <sup>Day</sup> <u>—</u> <sup>Years</sup> <u>2</u> <sup>Months</sup> <u>14</u> <sup>Days</sup>	Age
Sex <u>Female</u>	Color or Race <u>White</u>
Occupation <u>Infant</u>	Birth-place <u>Brethwood Md</u>
Where Residing if not at place of death <u>—</u>	
<del>Married</del> <u>Single</u>	Name of Wife or Husband <u>—</u>
Father's Name <u>Charles H. R. Reintzel</u>	Father's Birthplace <u>Dist. Col.</u>
Mother's Maiden Name <u>Annie E. Collins</u>	Mother's Birthplace <u>Dist. Col.</u>
Name of person giving information <u>Charles H. R. Reintzel</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

146

PHYSICIAN  
OR CORONER

Primary <u>Necrosis of femur</u>	How long <u>Nearly six weeks</u>
Immediate <u>Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. Birdsell M.D.</u>
	Address <u>Hyattsville Md.</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Forestville

Town

County

Prince George's MARYLAND

Date

of death 1910

Month

3

Day

22

Age

Years

37

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Alice Redgeway

Father's  
Name

John Redgeway

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Alice R. Thompson

Mother's  
Birthplace

Md.

Name of person giving  
information

Albert Redgeway

How related  
to deceased

Brother

## CAUSES OF DEATH

36

Primary

Tuberculosis of the Lungs

How long

7 yrs.

Immediate

Asthma

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John E. Sausbury

Forestville

Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

neither



Name  
in  
Full

not named

Roberson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brentwood <sup>Town</sup> Prince George <sup>County</sup> MARYLAND

Date of death 1970 <sup>Month</sup> March <sup>Day</sup> 2nd <sup>Age</sup> Years Months Days one

Sex Female Color or Race Colored Birth-place Ind

Occupation None Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Geo F Roberson Father's Birthplace Ind

Mother's Maiden Name Carrie Garner Mother's Birthplace Ind

Name of person giving Information Geo F Roberson How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Natural Causes

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Augustus H Dahler  
Acting Coroner  
Bladenburg Ind

Accident or Suicide



Name  
in  
Full

Rolando

Roby

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bremer

Pomeroy

Date

of death 1940

Month

March

Day

14

Year

Age

—

Months

20

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Bremer

Occupation

Infant

Where Residing if not  
at place of death

"

Married, Single  
or Widowed

Name of Wife or  
Husband

Maudie Parker Roby

Father's  
Name

Marcellus Roby

Father's  
Birthplace

Ma

Mother's  
Maiden Name

Maudie Parker

Mother's  
Birthplace

Ma

Name of person giving  
Information

Marcellus Roby

How related  
to deceased

Father

CAUSES OF DEATH

104

Primary

Cholera Infantum

How long

about 2 weeks

Immediate

Inflammation Brain

How long

" 6 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. A. Fox

Address

Bremer Ma

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Miss Jerahice Ross.

Prince George

County

MARYLAND

Died at

Hyattsville

Town

Prince George

Years

Months

Days

Date

of death

1900

Mch

13

Age

4

10

27

Sex

Female

Color or  
Race

Negro

Birth-  
place

Lakeland Md.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Peter Ross

Father's  
Birthplace

Bowie Md.

Mother's  
Maiden Name

Alberta Cromwell

Mother's  
Birthplace

Bowie Md.

Name of person giving  
Information

Father Peter Ross

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

4 1/2 months

Immediate

Hemorrhage

How long

few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. J. C. Couplins M.D.

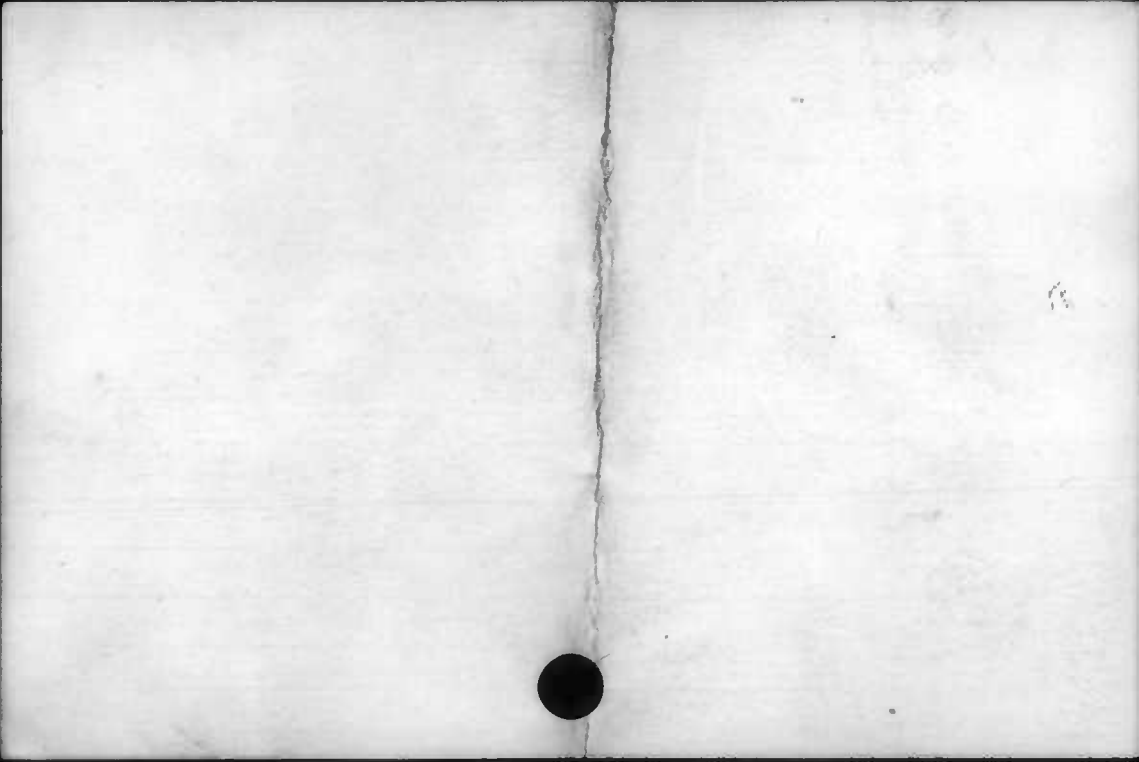
Address

Hyattsville

D.C. Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lester Shipley. ~~W. H. Carley~~  
Town County

CERTIFICATE OF DEATH

Died at Lanham Prince Geo. MARYLAND  
Date of death 1900 Nov 24 Age 2 Months 11 Days 13

Sex Male Color or Race white Birth-place Ind  
Occupation none Where Residing if not at place of death Lanham Ind

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Geo. W. McCauley, Jr  
Mother's Maiden Name Katherine McCauley  
Name of person giving Information Geo. W. McCauley, Jr

Father's Birthplace Ind  
Mother's Birthplace Ind  
How related to deceased S. F.

CAUSES OF DEATH

Primary Spasmodic Cramp How long 2 days  
Immediate — How long 2 days

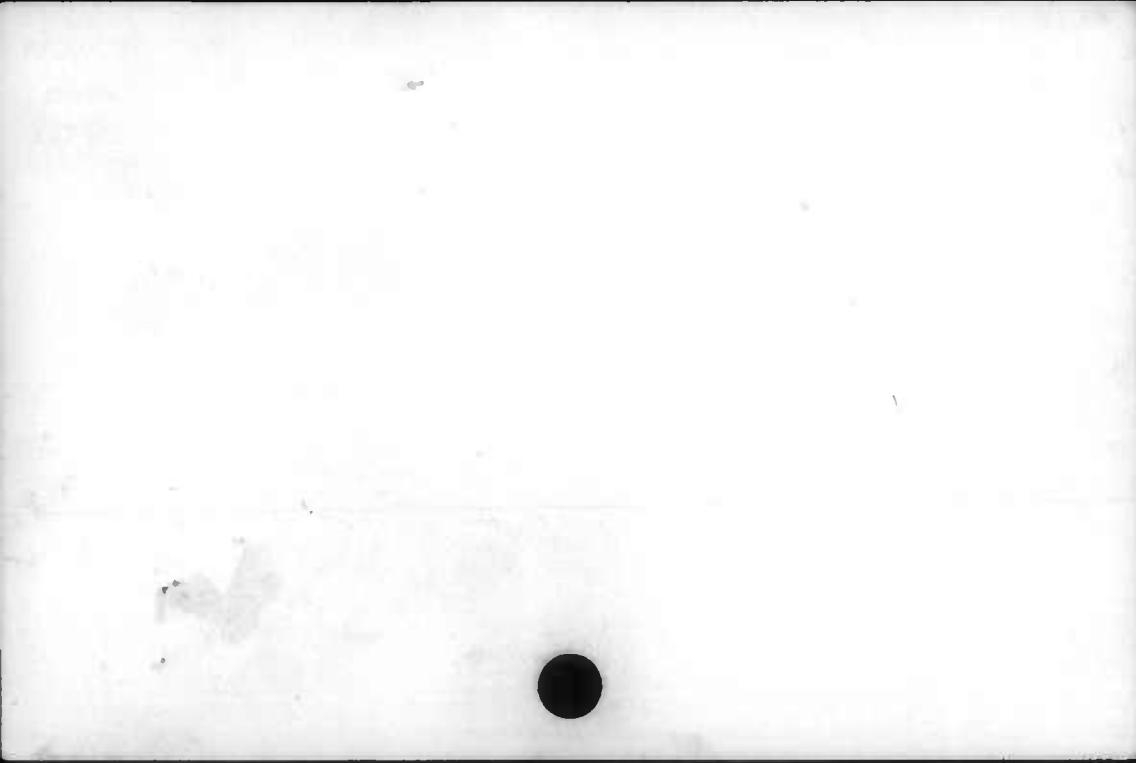
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. R. C. Hovley  
Address Lanham Ind

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Spencer  
Town Meadows P.P.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Meadows

Date

of death 1940

Month

March

Day

20

Years

Age 1

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Meadows

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Unknown

Father's  
Birthplace

Mother's  
Maiden Name

Carrie Spencer

Mother's  
Birthplace

R. I. G. C. Md.

Name of person giving  
Information

William

How related  
to deceased

Uncle

CAUSES OF DEATH

Primary

Unknown

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

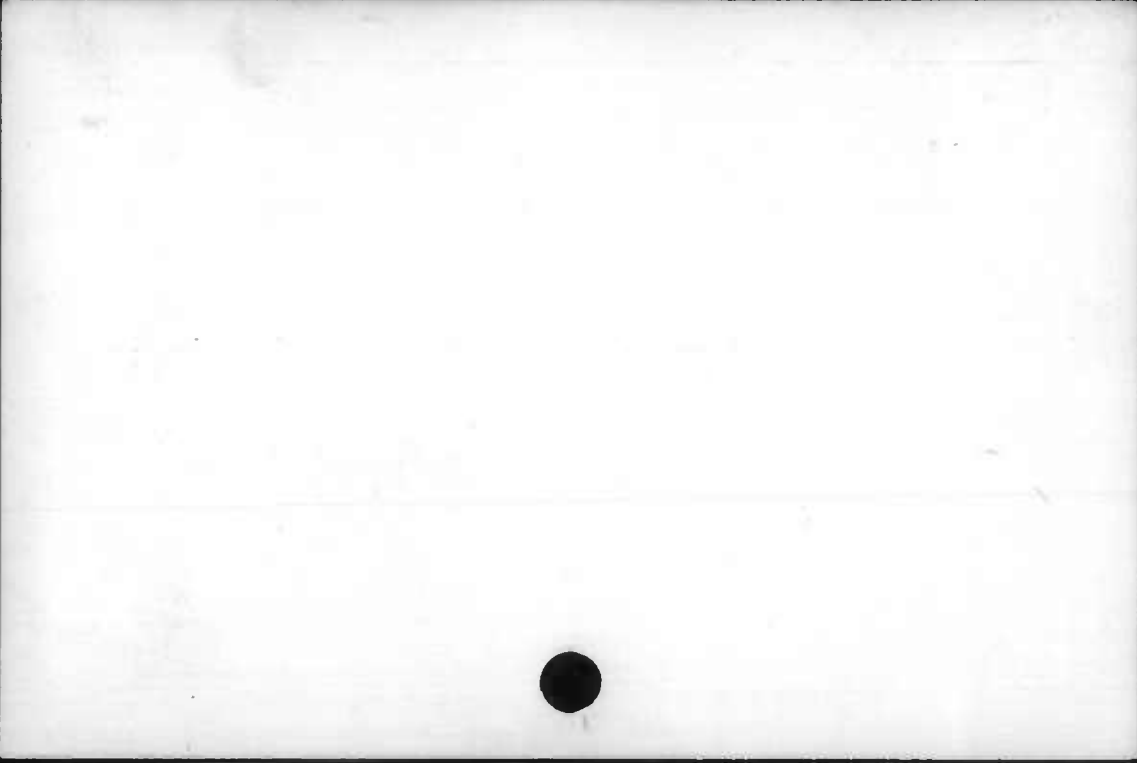
Address

Dr. Giffet  
Marlboro

Accident or Suicide

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

## CERTIFICATE OF DEATH

Thomas S. Stone

Rosedale

Town

B. Co.

County

MARYLAND

Died at

Date

of death 1900

Month

3

Day

13

Age

Years

67

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, ~~Single~~  
~~Widowed~~Name of Wife or  
Husband

Mary A. Stone

Father's  
Name

Walter H. Stone

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Elizabeth H. Robey

Mother's  
BirthplaceName of person giving  
Information

Walter Stone

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

La Grippe

How long

2 weeks

Immediate

Hyperpyrexia

How long

2 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

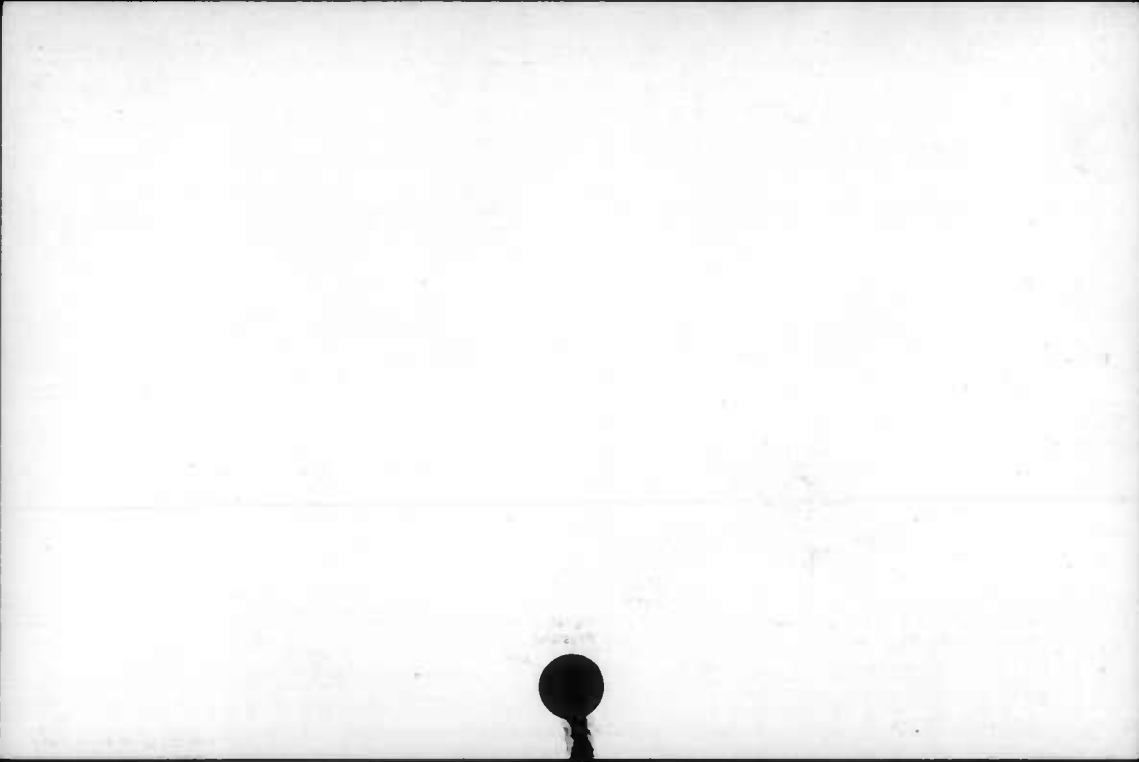
Signature of  
Physician

Address

E. P. Simpson M.D.  
Rosedale, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
in  
Full

## CERTIFICATE OF DEATH

Emma. Sullivan  
Town County

MARYLAND

Died at Laurel

A. 420

Date of death 1900

Month

mch

Day

7

Age

Years

35

Months

11

Days

2

Sex

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

Home Mkr

Where Residing if not  
at place of death

Laurel

Married, Single  
or Widowed

yes

Name of Wife or  
HusbandFather's  
Name

Nicholas Hawkins

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

11

Name of person giving  
Information

Ethel Sullivan

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

1 week

Immediate

Heart Failure

How long

-

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

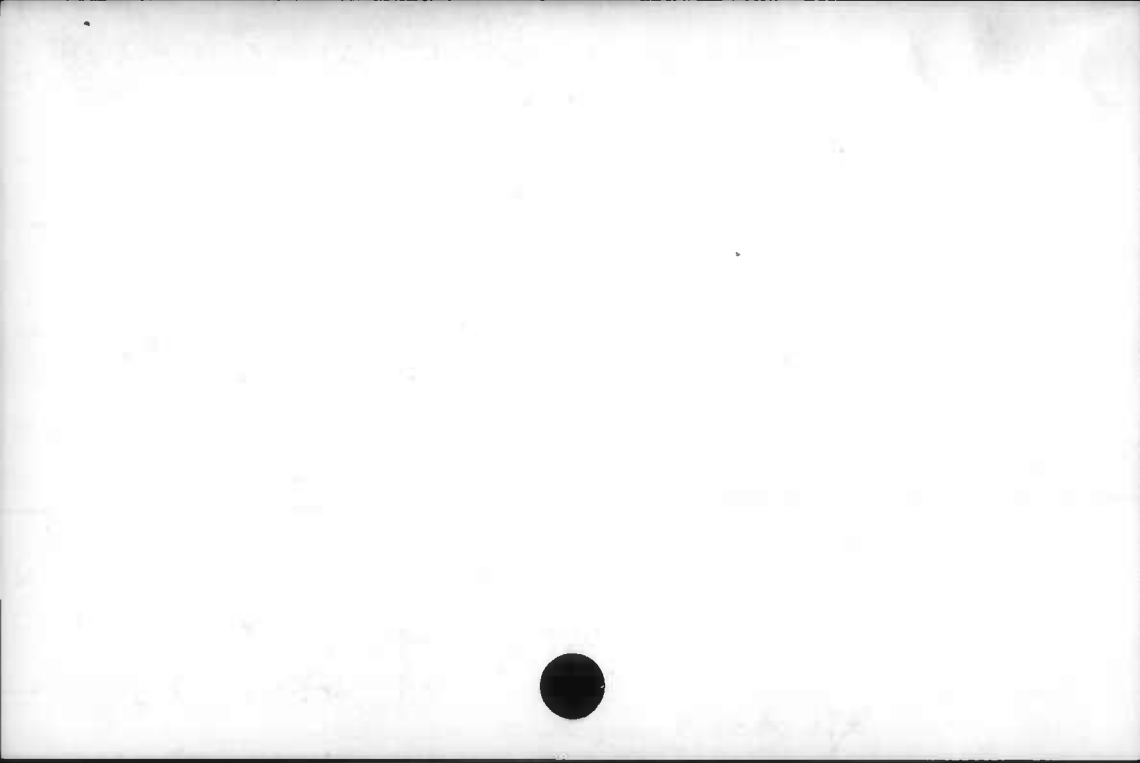
W F Taylor

Address

Laurel Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George Wallett* Town *Bowie* County *P. George* MARYLAND  
Died at  
Date of death *1900* Month *June* Day *8* Age *81* Years Months *6* Days *28*  
Sex *Male* Color or Race *White* Birth-place *Baltimore Md*  
Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Widower* Name of Wife or ~~Husband~~ *Ellen V Harris*  
Father's Name *George Wallett* Father's Birthplace *Harrow Germany*  
Mother's Maiden Name *Mary Lewis* Mother's Birthplace *Balto Md*  
Name of person giving Information *Mary L. Wallett* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infirmities of old age* How long *24 hours*  
Immediate *Heart failure* How long *6 hours*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
*no* Signature of Physician *James H. Pruitt* Address *Bowie Md*  
Accident or Suicide *no*

0-70-10-16

Name  
in  
Full

Charles H. Walter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

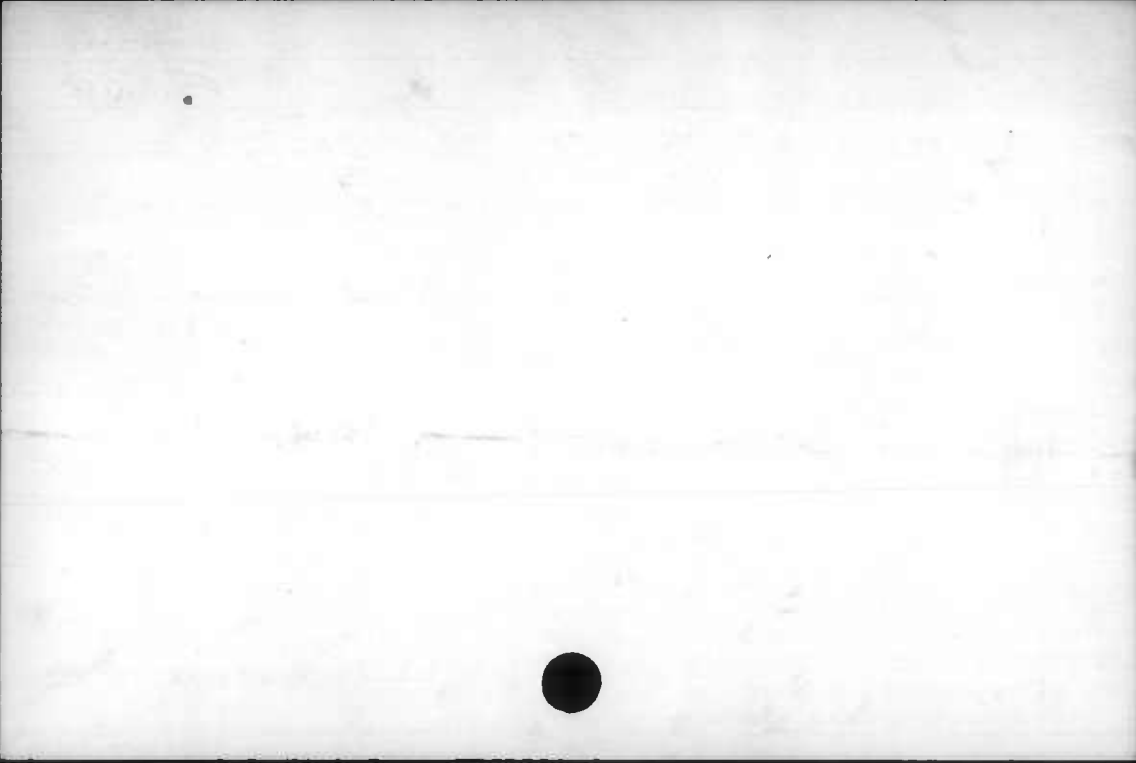
Died at <u>Hyattsville</u>		Town		<u>Pr Geo</u>		County		MARYLAND	
Date of death	<u>1900</u>	Month	<u>mar</u>	Day	<u>2</u>	Age	<u>61</u>	Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birthplace	<u>Pa.</u>				
Occupation	<u>Engraver</u>			Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed	<u>married</u>			Name of Wife or Husband <u>Louis H. Butler Walter</u>					
Father's Name	<u>Mr. S. Walter</u>			Father's Birthplace <u>Pa.</u>					
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace <u>Unknown</u>					
Name of person giving Information	<u>Wife</u>			How related to deceased <u>—</u>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>9 days</u>
Immediate	<u>Cardiac failure</u>	How long	<u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. J. H. Haines M.D.</u>
		Address	<u>Hyattsville Md</u>
Accident or Suicide	<u>Neither</u>		



Name  
in  
Full

Frank Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at T.B. Town Dr. Per County MARYLAND

Date of death 1900 3 Month 1 Day Age 75 Years Months Days

Sex Male Color or Race Colored Birth-place Ind

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Marrion Washington

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving Information John D. Yates How related to deceased None

CAUSES OF DEATH

Primary Pneumonia How long 3 days

Immediate Arteries of lung How long 12 hours

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician John A. Cor

Address T.B.

Accident or Suicida Ind

PHYSICIAN  
OR CORONER



Name  
in  
Full

Catharine Wesley.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

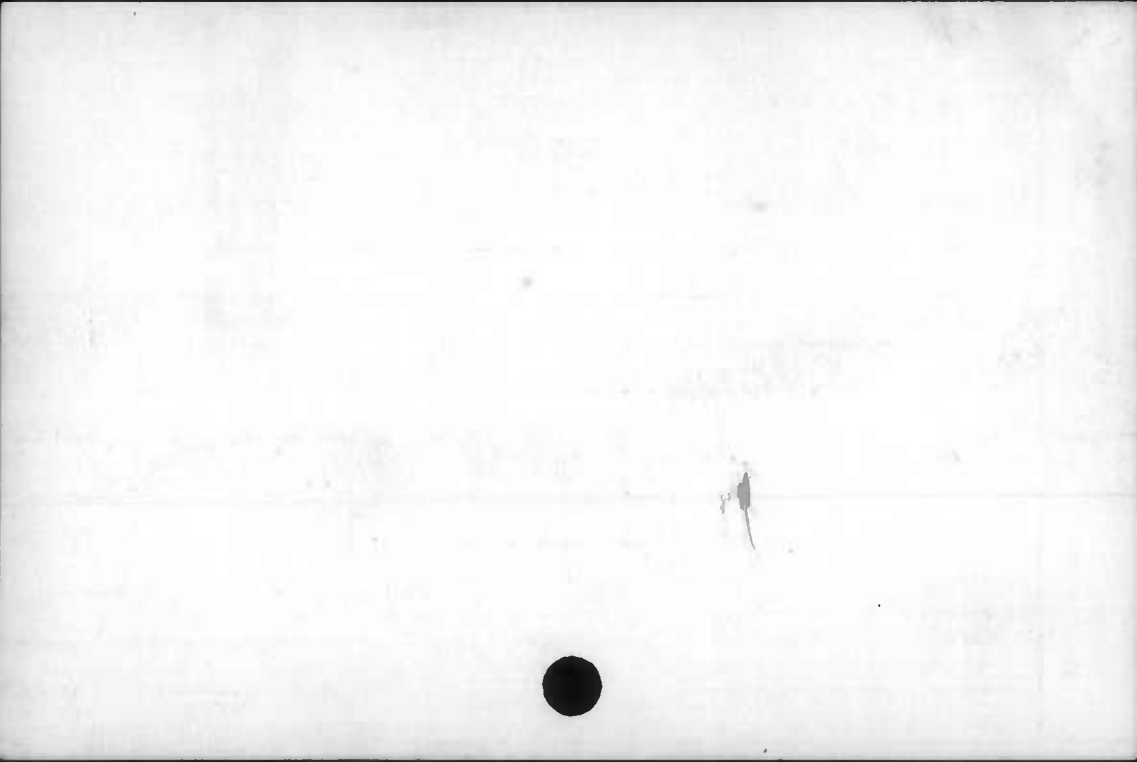
Died at <i>Capitol Heights</i>		Town <i>Prince George</i>		County <i>Prince George</i>		MARYLAND	
Date of death	<i>1910</i>	Month	<i>Mar.</i>	Day	<i>8</i>	Years	<i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months	<i>—</i>
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Bernard W. Wesley</i>				Father's Birthplace <i>D. C.</i>			
Mother's Maiden Name <i>Mary H. Mudd</i>				Mother's Birthplace <i>D. C.</i>			
Name of person giving Information <i>Bernard W. Wesley</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Unknown</i>	How long	<i>—</i>
Immediate	<i>Convulsions</i>	How long	<i>About 4 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>R. A. Schomover</i>	
		Address <i>Berming.</i>	
Accident or Suicide? <i>No.</i>		<i>D. C.</i>	





Name  
in  
Full

Emma M. Whitehead

CERTIFICATE OF DEATH

Died at Lanell Town P. Geo County MARYLAND

Date of death 1900 Month March Day 31st Age 4 Years Months Days

Sex Female Color or Race White Birth-place Ma

Occupation Wife Where Residing if not at place of death Lanell

Married, Single or Widowed Int Name of Wife or Husband Em-

Father's Name George J. Whitehead Father's Birthplace Ma

Mother's Maiden Name Lilly Bowin Mother's Birthplace Ma

Name of person giving Information Geo J. Whitehead How related to deceased father

CAUSES OF DEATH

Primary Ematition How long 151 ✓  
Immadiate 4 days  
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr R C Foster  
Address Lanell  
Ma

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

